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ABSTRACT

The articles included in this monograph represent a broad range of topics reflecting the current world scene with regard to the education of children with special needs. Titles and authors of the articles include: "UNESCO and Special Education" (Lena Saleh), which discusses the history, purposes, and activities of the United Nations Educational, Scientific, and Cultural Organization in Paris; "Special Education Training in Developing Countries" (Ture Jonsson); "What Is EASE and What Is Its Purpose?" (Olof Magne), which describes the history of the European Association for Special Education; "The Arts in Special Education in Europe: An Overview of Trends and Practices" (Kristen D. Juul); "Special Education and Teacher Training in Norway" (Kjell-Arne Solli); "International Advocacy To Develop International School Special Education Opportunities" (Patricia L. Jonietz); "Development of Special Education in the Islamic Republic of Iran" (G. Ali Afrooz); "Special Education in China" (Aaron Armfield); "Cultural and Socio-Economic Factors That Affect Section 8 of the National Policy on Education in Nigeria" (Festus E. Obiakor and Gregory P. Maltby); "Special Education in Brazil: Service Delivery in Profile" (Forrest A. Novy and others); and "Special Education and 'Pokazukha' in the (former) U.S.S.R." (B. J. Elliott). (JDD)

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VOLUME ONE

DISES 1992

THE VIEW FINDER:

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EXPANDING
Boundries & Perspectives In Special Education

Robert J. Michael

Kristen D. Juul

U.S. DEPARTMENT OF EDUCATION
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DISES

Division Of International Special Education And Services
Of
The Council For Exceptional Children

EC 301 196

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THE VIEW FINDER:

EXPANDING

Boundaries and Perspectives in Special Education

Editors:

Robert J. Michael
The College at New Paltz, State University of New York
New Paltz, New York, USA

Kristen D. Juul
Southern Illinois University
Carbondale, Illinois, USA

DISES

DIVISION OF INTERNATIONAL SPECIAL EDUCATION & SERVICES

OFFICERS FOR 1991-1992:

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NYSUC-Buffalo
1300 Elmwood Ave.
Buffalo, NY 14222

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Concord, Ontario M3H 5R2

Members at Large
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6110 Applegate Lane
Louisville, KY 40219

Kristen D. Juul
Dept. Spec. Educ.
Southern Illinois Univ.
Carbondale, IL 62901

Lauran Sandals
Dept. Educ. Psych.
Univ. of Calgary
Calgary, Alberta T2L 1W6

DISES is a Division of
The Council for Exceptional Children
1920 Association Drive, Reston, VA 22091; Phone 703: 620-3660; Fax 703: 264-9494; Special Net: DISES

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THE VIEW FINDER:
Expanding Boundaries and Perspectives in Special Education

TABLE OF CONTENTS

Preface
Robert J. Michael and Kristen D. Juul
page 3

UNESCO and Special Education
Lena Saleh
page 4

Special Education Training in Developing Countries
Ture Jonsson
page 8

What is EASE and What is its Purpose?
Olof Magne
page 11

The Arts in Special Education in Europe: An Overview of Trends and Practices
Kristen D. Juul
page 15

Special Education and Teacher Training in Norway
Kjell-Arne Solli
page 20

International Advocacy to Develop International School Special Education Opportunities
Patricia L. Jonietz
page 25

Development of Special Education in the Islamic Republic of Iran
G. Ali Afrooz
page 29

Special Education in China
Aaron Armfield
page 33

Cultural and Socio-Economic Factors that Affect Section 8 of the National Policy on Education in Nigeria
Festus E. Obiakor and Gregory P. Maltby
page 37

Special Education in Brazil: Service Delivery in Profile
Forrest A. Novy, Miriam A.G. de Souza Pan, and Flávio José Arns
page 41

Special Education and "Pokazukha" in the (former) U.S.S.R.
B. J. Elliott
page 45

About The Authors: page 50-51, **About The Editors:** page 52.

PREFACE

The Council for Exceptional Children has, from its inception, had a global perspective. When it was started in New York in 1922, it had among its founding members representatives from Canada, India, South Africa, Sweden, and the United States. They named it the International Council for Exceptional Children. Eventually, the association dropped the word "international" from its name, but the interests of many of its members have always extended across national boundaries. To get a focus for these common concerns, the formation of an international division was proposed at the 1990 CEC Convention in Toronto. It was approved by the Delegate Assembly and took the name of the Division of International Special Education And Services (DISES). Under the enthusiastic and competent leadership of its first president, Robert Henderson, the division proceeded to select officers and committee members, to write a constitution, and to formulate objectives and priorities.

As stated in its constitution, the purposes of the division include to "serve as a catalyst for international sharing of promising practices, research, and technologies" and to promote the "dissemination of pertinent information about the education and care of persons with special needs, with such information originating from various nations and disciplines." The vision of DISES is perhaps best expressed in an article by Henri Bissonier (1978) of France in the proceedings of the 1978 CEC World Congress in Scotland:

> **What is right in all matters of cooperation is particularly true in the field of special education: that is to say, every country, developed or developing, has something to give and something to receive (p.11).**

At the April 1991 Convention in Atlanta, the decision was made to publish a monograph to feature current practices, issues, and initiatives in special education outside the United States and Canada. We, Robert Michael and Kristen Juul, were selected to be co-editors and have an editorial committee consisting of Louise Fulton, Jacqueline and John Jacobs, Lauran Sandals, Marilyn Rousseau, and Jerrie Ueberle.

A call went out for papers, and a number of international leaders in the profession were personally invited to submit articles. The response was positive, and there were more submissions than there was space. Some papers were therefore placed on hold for possible future publications.

To edit the papers was a challenging task. Linguistic styles and language of the authors varied. Some articles were ready for publication with few, if any, alterations, while others needed considerable editorial assistance particularly if English was not the native language of the authors. The writing styles and terminology of the writers show their unique and individual backgrounds, and the formats do not all conform to customary practice.

The articles included in the monograph represent a broad range of topics reflecting the current world scene with regard to the education of children with special needs. Lena Saleh, the director of the special education section of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) in Paris portrays the history, the purposes, and the present activities of this very important office. Ture Jonsson outlines, from his extensive experiences in Africa and Asia, some major issues in teacher training in developing countries. The history of the European Association for Special Education is described by Olof Magne, and Kristen Juul presents an overview of trends and practices in the use of the arts in special education in some European countries. Kjell-Arne Solli provides an informative picture of special education and teacher training in Norway, and Patricia Jonietz tackles the neglected issue of international families with special needs children.

From the Asian continent, Ali Afrooz offers an enlightening portrayal of special education needs and services in the Islamic Republic of Iran, and Aaron Armfield shares his experiences and observations as a special education consultant in China. Out of Africa, Festus Obiakor and Gregory Maltby examine the cultural and socio-economic factors that have affected special education policies in Nigeria, and from South America Forrest A. Novy, Miriam A.G. de Souza Pan, and Flávio José Arns depict the service delivery system for children with disabilities in Brazil. Finally, B.J. Elliott discusses special education in the former U.S.S.R.

We would like to thank the many individuals who have assisted us in producing this first publication of the division. The feedback from the editorial committee on each article was truly appreciated. In addition, outside readers Lynn Van Eseltine Sarda, Manuchehr Afzal, and Joseph Trippi provided invaluable analysis of selected articles.

Recognition is also extended to Lorraine Fazio for typing and communications, and to Terry Grosser for coordinating and overseeing the publishing of the monograph. And, last but not least, our gratitude is given to DISES President Carmen Iannaccone, whose vision and foresight provided the basis for initiating this monograph.

Robert J. Michael
Kristen D. Juul

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Bissonier, H. (1978). What we deal with in the developing countries. In Albert H. Fink (Ed.), *International perspectives on future special education* (pp. 11-12). Reston, VA: Council for Exceptional Children.

UNESCO AND SPECIAL EDUCATION
New Initiatives to Match New Thinking

by

Lena Saleh

"The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system."
(Article 3.5, World Declaration on Education for All, Jomtien, 1990)

PRINCIPLES AND OVERVIEW

Within the framework of an overall action with and on behalf of disabled persons, education stands out as one of the main cornerstones of any serious programme. In preventing disabilities, in responding to those with special needs, and in assisting them towards an independent and active life, education plays a decisive role.

Such a role was taken up by UNESCO in 1966 through the initiation of special education activities in the Education Sector. With a modest beginning, the turning point for the programme came about in 1981 with the proclamation of the International Year of Disabled Persons. Reinforcement was not only reflected in terms of budget allocations, but just as important the concerns and interests of disabled persons began to be reflected in different programmes and activities of the Organization. Integration was translated to concrete cooperation within the Secretariat and, similarly, with partners in Member States.

Today a new milestone marks the beginning of the decade of the nineties, that of the World Declaration on Education for All.

It is in the framework of this declaration and what it stipulates that UNESCO is orienting and structuring its action in the field of Special Needs. Within the context of Education for All, the exercise of the fundamental right to education is solemnly recognized for each human being. This right encompasses the rights of disabled children and adults to an education suited to their individual needs. Although these declarations have been a stepping stone for some countries who have made major strides in this domain, the fact still remains that to the majority of countries, especially developing countries, the reality is somewhat bleak, both in terms of the quantity and quality of education of disabled persons.

In developed countries, many children with disabilities are formally excluded from the education system or receive less favorable treatment within it, whereas in many developing countries the struggle to develop compulsory education for a majority of children takes precedence over meeting the special educational needs of those with disabilities.

The findings of a UNESCO survey conducted in 1986/7 revealed that 34 out of 51 countries (drawn from all continents) supplying information had fewer than 1% of pupils enrolled in special education provision (UNESCO, 1988). Table 1 shows that 10 of these 34 had special education provision for less than 0.1% of pupils.

Table 1

Number of Pupils Enrolled in Special Education Provision as a Percentage of School Age Population

Range (%)	No. of Countries
Less than 0.1	10
0.1 - 0.4	13
0.5 - 0.9	9
1.0 - 1.9	6
2.0 - 2.9	6
3.0 - 3.5	5
More than 3.5	2
No information	7
Total	58

To appreciate the full significance of these figures, we need to set them against estimates of the need for special education.

A major UK Government report (DES, 1978) recommended, for planning purposes, the assumption that "about one in six children at any time and up to one in five children sometimes during their school careers will require some form of special education provision." This concurs with an earlier UN estimate that 10 to 15% of children need special education or rehabilitation measures of some kind, and that this proportion was higher in developing countries.

The stark reality underlying these figures is that the great majority of children and young people with disabilities do not receive an appropriate education - if indeed they are offered any education.

UNESCO ACTION

This paper is intended to brief on UNESCO's main activities in the area of special needs education, giving the orientations and principles which have influenced the design of the ongoing

programme. Information on past projects can be obtained upon request.

The programme draws its directives and orientations from the recommendations of Member States, stemming from the General Conference and the Executive Board, from directives of the Director General, and from consultations organized by UNESCO and International Non-Governmental Organizations.

UNESCO has had, since the early '70s, a major commitment to assist in improving educational provision for special needs worldwide. This commitment has been addressed particularly in action to developing countries, and major projects have been carried out in Africa, Asia, and Latin America. The major thrust has been in creating awareness of needs for national action, and the development of human resources in the field of special education.

A number of short-term technical cooperative activities at the national level are organized under UNESCO's Regular Programme and Budget. More long-term operational projects at the national or regional level are executed by UNESCO; however, these are funded by external sources.

A good example of UNESCO's technical cooperation with Member States at the regional level was the UNESCO Sub-Regional Special Education Project for Eastern and Southern Africa. This was an extrabudgetary funded project, initiated in 1981 and terminated in 1989. The project set out to provide support to Member States to reinforce initiatives in education provision for disabled children. With a strong advisory mission and a substantial human resource development component, the project was instrumental in bringing forward special education concerns in Ministries of Education, in training resource people for national development as well as for interregional cooperation. Moreover, the project facilitated the creation of information networks between the thirteen associated countries. The output of the project is witnessed today by the increased commitment of governmental and non-governmental bodies in this domain.

Special Education activities revolve around four main axes:

1. Elaboration of guidelines, orientations, and strategies for national and international action in the field of education of disabled persons.
2. Compilation and dissemination of information and materials on general and specific issues.
3. Technical cooperation with Member States in national or regional activities.
4. Information exchange.

UNESCO is an agency for intellectual and technical cooperation. It provides a platform for international exchange, and has an advocacy mission to bring about change and enhance developments in its fields of competence. UNESCO is not a funding agency. It has a modest budget and draws on external funding for the reinforcement of its technical cooperation programme.

Over the years, UNESCO has provided guidelines on general and specific issues related to the education of disabled persons, serving as a channel to communicate information on trends and developments worldwide. Concrete examples of this role are the reports of the UNESCO Consultation on Special Education (1988) and the Consultation on Alternative Approaches on Education for the Deaf (1984). The reports of these consultations, while providing advice for UNESCO's action, also provide an overview of trends, developments, obstacles, and gaps, and highlight areas for action at the national level.

UNESCO's role in information exchange has developed considerably in response to the persistent requests from Member States, organizations, and practitioners. The scarcity of appropriate material at the disposal of teachers, parents, and community workers has led UNESCO to put out a document series entitled "Guides for Special Education." These are written in a form that is accessible to most practitioners in developing countries, and are available in five languages. The response to the eight issues has been extremely positive.

Documents of some of the more important and recent activities are noted in the list of references, and are available upon request.

UNESCO's present action in the field of disability addresses the educational needs of children within an integrated framework and a community-based approach. UNESCO endeavors to link its activities with ordinary educational provision, firstly within the Education Sector of the Organization, as well as in its operational activities with Member States.

Following is an account of three main activities of the special education programme at UNESCO:

TEACHER EDUCATION RESOURCE PACK

This project grew out of UNESCO's continuing work in encouraging member countries to develop strategies for responding to children's special needs in ordinary schools.

The term "handicapped" is no longer considered to be determined solely by factors within the child, but as a result of an interaction between the resources and deficiencies of the child and the environment. This new view puts in focus the relation of school organizations, school curricula, teacher competence, and special needs. It raises questions about teacher training and support in ordinary schools.

The project was initiated in 1986 and evolved through different phases. Starting with a survey of 14 countries from different world regions, the project set out to review teacher training in a variety of contexts, as well as teacher attitudes to integrated education for special needs.

The findings highlighted three priority areas:

1. The provision of compulsory education for all children;
2. The integration of children with disabilities into ordinary schools;
3. The upgrading of teacher training to achieve the first two aims.

A series of regional workshops followed, and a number of significant themes emerged. Most important was the issue of teacher training; UNESCO was urged to assist in the dissemination of teacher training materials on special needs in the ordinary school.

It was also recommended that when carrying out this work the following points should be kept in mind:

1. The need to develop national policies for teacher education which will cover initial teacher training, in-service training, and continuous staff development;
2. The importance of supervised practical experience as a major element of teacher education programmes;
3. The importance of the "hidden population" of pupils with special needs; these are children who need not have significant disabilities, but nevertheless experience serious difficulty in learning;
4. The necessity to increase flexibility of curriculum practice, teaching methods, and management skills in ordinary classrooms in order to be more responsive to the needs of individual children;
5. The importance of recognizing the value of collaboration among teachers within a school;
6. The need to encourage teachers to make better use of

resources, such as nonprofessional help in the classroom (pupils, parents, people from the community, and teacher aides) and professional help (resource teachers, other specialists).

Following the above work, UNESCO commissioned Mel Ainscow from the Cambridge Institute of Education (UK) to direct a project concerned with the preparation of teacher education materials, now known as the "Teacher Education Resource Pack: Special Needs in the Classroom." While the main task was entrusted to one author, UNESCO concurrently established a network of teacher educators from different countries who were invited to give feedback to the draft Resource Pack.

The overall aim of the Pack is to help teachers develop their thinking and practice with respect to the ways in which they respond to pupils with special educational needs.

The Pack contains four modules, each module consisting of study material, discussion material, suggested activities, and evaluation issues.

A pilot version of the Resource Pack was field-tested in 8 countries by an international resource team (Canada, Chile, India, Jordan, Kenya, Malta, Spain, and Zimbabwe). The initial indications are that the Pack is relevant and effective. Following are some comments from the evaluation reports:

"I started thinking about learners as individuals, and new ways and means of approaching each child" (Teacher, India)

"I have learned that if we want to ... find solutions to our pupils' problems, we have to reflect - because the solution is in ourselves" (Teacher, Spain)

"We think that the work carried out has been the most gratifying and positive experience we have encountered" (Resource Team, Chile)

Throughout the Pack, emphasis is placed on special needs as a curriculum issue. It is assumed that educational difficulties occur because of the interaction of factors, some of which may lie within particular children, some concerned with decisions made by teachers, and others arising from the wider community context. It follows that what teachers do, the decisions they make, they experiences they provide, and the relationships they have with their pupils, all have a major influence on a child's progress in school.

This approach takes account of the problems associated with labelling and grouping children together because they are seen as "special." Instead of providing separate learning experiences for special children, teachers in ordinary schools will be seeking effective ways of providing a common curriculum which takes into account individual needs of pupils.

To produce teacher education materials that could be used in different national contexts is not an easy task. Materials must be designed to be used flexibly, taking account of local situations and needs of teachers. For this reason, the Resource Pack materials are accompanied by a Guide Book for teacher educators. While the Guide is specifically intended to be used with the Resource Pack, it is also a useful source of ideas to help teachers become more skilled in dealing with pupil diversity in mainstream schools.

The plan now is to analyze the evaluation reports to determine necessary modifications to the Resource Pack and to finalize the Guide Book. The new improved version will be available later in 1992. It will also include video programmes illustrating the recommended approaches.

Also, current national teams are being encouraged to work with new partners on a regional and sub-regional basis.

PLANNING MANAGEMENT FOR SPECIAL NEEDS

Progress in planning for disabled persons has been slow in most developing countries. While many projects have had beneficial effects, they have generally been conceived on a micro scale, not as an integral part of an education system and not in collaboration with other partners directly concerned with the education system.

In response to this major obstacle to the development of education provision for special needs, the UNESCO Consultation of Special Education (1988) recommended that policy and planning be given priority attention in the Medium Term Plan (1990-95). This also reinforces a similar concern expressed at the UN Mid-Decade Global Meeting of Experts, Stockholm, 1987.

The groundwork for this activity is a document on policy issues related to the education of children with special needs. This document, which will be published in 1992, is intended to assist Member States in carrying out an internal evaluation of their situation and addressing issues for further development.

A forum was planned for October 1991 to bring together high-level educational officials to share views on how to effect change and to advise UNESCO on action to be undertaken in 1992-93. Regional and sub-regional conferences are foreseen to discuss planning and management issues.

Recognizing the need to work with the mainstream of existing educational structures, UNESCO endeavors to link the concerns and interests of disabled persons with other related projects in the Education Sector. In addition, effort is being made to integrate these concerns with the follow-up activities of the World Conference on Education for All and the work of the International Institute of Educational Planning.

VIDEO TRAINING PACKAGES FOR PARENT EDUCATION

UNESCO embarked on the development of video training packages aimed especially at parents in developing countries whose children are "vulnerable" to developmental handicaps. The training material is intended to be used by community workers, preschool services, primary health personnel, and parents.

The work on this project has started in three countries: Malawi, Sri Lanka, and Uganda. Local groups were mobilized to contact resource persons, families, and community organizations involved in family support services and disability work. A team of two specialists (Dr. Roy McConkey, Ireland, and Mrs. Sally Allen, Zimbabwe) was recruited by UNESCO to advise and assist the national partners. A video programme with an accompanying training manual has been produced in each of the sites.

For six months, local teams will carry out field testing of the packages with family and community groups. Guidelines on the optimal use of the video programmes are given in the presenter's handbook. Reports and evaluations will advise on the development of further materials and their dissemination to other countries.

This project has united the expertise of service personnel in disability with the technical expertise of video production and has been instrumental in mobilizing local groups from different spheres in a common cooperative action.

The need for locally-produced training materials is evident, as are the needs experienced by many families in caring for their disabled children.

References continued to next page.

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Summary of trends and principles in the field of education of the deaf, and suggestions for enhancing developments at the national and international levels.

Helping Handicapped Pupils in Ordinary Schools: Strategies for Teacher Training, UNESCO, 1986.
Report on a survey of 14 countries.

Review of the present situation of special education.
This study is based on replies of 58 countries and covers various aspects of special education provision: policy, legislation, administration.

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Chile, Costa Rica, Ghana, Ireland, Japan, Kenya, New Zealand, Norway, Philippines, Sri Lanka, Yugoslavia.

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Guide to Community-Based Rehabilitation Services, by Brian J. O'Toole (Guyana) (1991).

SPECIAL EDUCATION TRAINING IN DEVELOPING COUNTRIES

by
Ture Jonsson

BACKGROUND

When trying to describe trends in special education in developing countries, it is important to realize that each country is unique in its specific historical and cultural background, as well as in its geographic, economic, and political structures.

Bearing these in mind, the development of services for disabled persons in the Third World countries has followed similar courses. The old colonial influences are still alive, and the common pattern is a base of old special schools supplemented during the last two decades by the development of a number of "integrated units" for the blind, deaf, and (recently) mentally retarded children. These combined services, however, serve only a very small fraction of the total number of children with special educational needs.

A UNESCO study presented in 1988 showed that most developing countries reach no more than 1% of their disabled children and many even less than 0.1%. Why? On a mission to Somalia, where until recently there was no special education at all, the answer offered was clear and without hesitation, "Because we have no specially trained teachers!"

Even though it is disheartening that experts in this area of special education believe that they cannot do anything if they are not specially trained, it is obvious that training of teachers is a crucial matter in the present situation. In many countries, there are no special training facilities at all. They are dependent on sending a few interested teachers overseas if scholarships are made available. Very seldom have foreign aid programs included assistance to develop a national capacity in this area. Where special education teacher training programs do exist, they are often characterized by long duration, low output, and an emphasis on the education of children with severe disabilities.

ESTABLISHING TRAINING EFFORTS

When trying to change the present unsatisfactory situation and safeguard the disabled child's right to education, eight factors need to be taken into consideration:

1. The Need Capacity Factor

We know that, in developing countries, need is high and capacity is low; but this very fundamental fact is often forgotten when trying to solve the problems. Starting a two-year special education teacher training program with an output of 25 teachers per year, which is quite a common model in many countries, is not the answer. It should take 400 years in Sri Lanka and 4,000 years in Ethiopia before we obtain enough trained teachers in that manner! A much more realistic and diversified training program based on actual needs must be developed.

2. The Degree of Disability Factor

It is important to realize that children with special education needs form a heterogenous group with mild, moderate, and severe difficulties. The more severe the disability, the lower is the incidence. The vast majority of students may be helped with simple adaptations within the ordinary, existing, general school system through inservice training of general teachers.

3. The Integration Factor

Although many developing countries now have a policy of integration with regard to children with special education needs, the reality is that there is a tendency to create or maintain a parallel school system for these children. "They are not our children; they belong to Special Education" is an often-expressed opinion by representatives of the general school system. It is time to demolish this wall of separation.

4. The Coordination Factor

The education and training of children and youth with special educational needs require cooperation and coordination on all levels among various persons, professional, and institutions in order to be successful. It is a tragic fact that too often such coordination is lacking, since it involves different departments and ministries who cannot or do not want to cooperate.

5. The Comprehensiveness Factor

Planning of special education services must look into the total needs of children over a long time period, thereby not forgetting preschool years, secondary education, vocational training, and job placement. This must also be reflected in the special teacher training programs.

6. The Curriculum Factor

"Education for All" is a slogan or policy declaration than can be found in many educational plans in developing countries. Many of them are, at the same time, maintaining a colonially-inspired examination system which leaves about 50% or more of the students who do not pass with a sense of failure and frustration. In addition, many young people never enter the schools, or drop out after a few years as repeaters, since their needs have not been met. Revision of existing curricula to better suit a more heterogenous population of children is one of the most urgent steps to be taken in most developing countries.

7. The Special-Special Factor

One contributing factor to the present slow development of adequate educational services for large groups of children is the belief that it is special. Terms like "special education" and "special teachers" have made this area so "special" that it has been regarded as a field only for highly qualified specialists. It is urgent that we "de-mystify" special education.

8. The Apartheid Factor

The 1975 United Nations Declaration of the Rights of Disabled Persons, which includes the rights of disabled persons to special care, education, and training, must be made a reality and apartheid-like discrimination against persons with handicaps should no

longer be tolerated.

These factors collectively demand action on many fronts, of which teacher training is one of the most powerful. A few examples of personnel preparation strategies employed in developing Third World countries are offered.

A ZAMBIAN EXAMPLE

In Zambia, where a very positive climate towards services for the disabled exists, a College for Teachers of the Handicapped was established in 1971. It followed the common development pattern, starting with a handful of students in a one-year course for the teaching of blind children, followed some years later with the introduction of a similar course for future teachers of the deaf, and another for physically disabled children. Ten years later, when I arrived in the country as part of the Swedish bilateral assistance to education in Zambia, it became possible to utilize available resources to expand the training program, not only with a course in mental retardation, but also with different short courses. Through cooperation with Norway, the College was provided with four senior lecturers who upgraded the knowledge of the existing staff, as well as offered students direct training.

The opportunities for teacher trainers to improve their professional capacity is very limited in most developing countries due to economic and bureaucratic constraints. Organized study tours for lecturers from universities of developed countries is one way to achieve this end.

REGIONAL TRAINING

After a few years, the output of teachers per year was higher than during the whole first ten-year period; however, a new problem arose because of the school system's lack of proper planning. It was unable to absorb all the new special education teachers. Before, development of special education was hampered because of a lack of specially trained teachers; now it was the opposite situation. A balance was to be found. Since it costs virtually the same to operate classes of 35 versus 10, training was offered to students from neighboring countries that did not have special education training facilities. It was positively received by the Ministry of Education in Botswana, which filled up the empty places at the College and gave the training a regional touch.

The joining of Lusaka College for Teachers of the Handicapped and the Special Education Institute in Nairobi (financed by the Danish International Development Association), Zambia's college for teachers, allows for two natural regional focal points for special education teacher training. These have been created in eastern and southern Africa. It remains to be seen if they will be used effectively.

NON-GOVERNMENT ORGANIZATIONS

Until a few years ago in some developing countries (e.g., Zimbabwe, Botswana), all special education services were operated by non-government organizations with very little government involvement. These services included the preparation of teachers, which usually involved on-the-job training for a handful of dedicated staff members. Qualitatively, they were often very good programs, but for historical and other reasons they sometimes contradicted emerging efforts by the governments to develop and take responsibility for integrated programs. Many special schools run by non-government organizations are well-equipped and have well-trained personnel which include some foreign staff members and the economic backing of mother organizations abroad. This tends to make the schools attractive to many parents who have to choose between these schools and integrated, poorly-staffed, and ill-equipped units in the general school system.

TRAINING EFFORTS IN SRI LANKA

In troubled Sri Lanka, it has been estimated that there is a need for at least 35,000 specially trained teachers. So far, 642 such teachers have been trained in a two-year program, which started 20 years ago and has had an output of 75 trained teachers per year. This training did not adequately address the "need capacity factor." In response, a new diversified teacher training program has been developed, which includes courses for untrained, trained, and graduate teachers as well as teacher educators.

To meet an increased emphasis on integrated and decentralized special education services within the ordinary school system, however, there is a need to produce teachers with a broader knowledge base in special education. It is not realistic for every school or district to employ specialists for low incidence disabled children who may rarely need such services. It has therefore been decided to develop a program which will offer teachers training in at least two specialty areas or, preferably, generic training encompassing all areas of disability.

TWO-STAGE TRAINING MODEL

Of special interest in Sri Lanka is a promising "master teacher" program in special education. Specialists will always be few in number in the Third World. For their knowledge to reach the greatest number of people, specialists need to work through others who, with backup, can carry out and coordinate the services. Teachers who become "master teachers" already have been trained in different areas of specialty. They are hand-picked on the basis of effectiveness and dedication, and are given an intensive one-month course in leadership and instructional techniques. Teams of 10 or so are then formed and conduct local two-week courses for general primary teachers in their home provinces. One or two core teams are being trained for each province. With this two-stage model, Sri Lanka may not have to wait for generations to help its children with special education needs.

COMMUNITY-BASED REHABILITATION

Years ago, it was the extended family that provided care for disabled family members. This was replaced with colonially-inspired institutionally-based caretaking and rehabilitation. We have now returned to viewing the family and local community as the most realistic and economically-feasible locus for support for the majority of persons. This community-based rehabilitation (CBR) model of service recognizes the self-help dynamics of local communities as far more effective than institutionally-based caretaking. When local people develop confidence in what needs to be done, they are likely to be willing to mobilize the necessary resources.

A very successful CBR program is currently underway in select Vietnam provinces. It has been possible to reach almost every disabled individual in the pilot provinces with effective socio-medical rehabilitation by providing existing primary health personnel with a short introductory course regarding the needs of persons with disabilities. Principals and teachers from all schools

in pilot provinces have participated in a 3-week course which has been enough to make them feel prepared to receive these out-of-school children.

COORDINATION PROBLEMS

The term rehabilitation has been defined by the World Health Organization (WHO) as "combined and coordinated use of medical, social, educational, and vocational measures." Comprehensive rehabilitation, then, includes all four measures. In Vietnam (as well as in other countries such as Zambia, Zimbabwe, Botswana, and Sri Lanka), the coordination of CBR activities on the national level has been difficult. Despite the creation of interministerial steering committees to get persons from health, education, labor, and social services to cooperate, efforts have been thwarted by "territorial thinking." This has led to the development of different, competing models of CBR programs (e.g., World Health Organization model, UNICEF model, International Labor Organization model) which emphasize different aspects of rehabilitation and different age groups. In a comprehensive rehabilitation program, all four services and agencies play equally important roles, but at different stages of the rehabilitation process.

REFORM AND SELF-HELP

During a course for principals and teachers in Vietnam, the participants realized that they already had in their classrooms many children with special needs who were totally neglected and left to repeat grades until they dropped out. The course became an eye-opener concerning how unsatisfactorily the present system works. It also became a starting point for local school reform. The final vote of thanks from the top official gave a good description of how foreign assistance should be used: "You have given us a golden key. It is now for us to put it in the door and open ourselves." This comment echoes an anecdote related in Maputo, Mozambique, by the late President Samora Machel. He told the story of a monkey who lived in a tree near the home of a man who shaved every day with a razor. The monkey wanted to imitate the man, so it got a razor, a mirror, and some water, wet its face, picked up the razor, and proceeded to cut its own throat.

Many developing countries have potential resources which should be utilized according to their own socio-cultural needs, without having to imitate everything that comes from outside. We should share our knowledge with them, much more than at present, but leave it up to them to create their future according to their visions.

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WHAT IS EASE AND WHAT IS ITS PURPOSE?

by
Olof Magne

EUROPEAN SPECIAL EDUCATION

Special education has a long tradition in most European countries. Attempts existed to care for deaf and blind children, for instance in Spain, before 1600. Schools for the disabled were organized from the last decades of the 18th century in various parts of Europe.

Today, the disabled receive schooling and support in very diverse forms. The progress is uneven, as are the goals for special education. Children who are treated as handicapped in one country may be looked upon in another country as normal or, in another country, as disabled or ineducable. Legislation, practice, and economy may vary.

Information has been fragmentary, or even false, from some of the earlier socialist countries. In every European country, there are special schools or educational facilities in the mainstream to care for handicapped children and young people. Adult education or welfare is still not well-organized, however, in all parts of Europe, particularly where employment conditions are concerned. Compulsory or free voluntary schooling for the disabled may last from less than six years to more than fifteen years, but many severely disabled are, in some countries, excluded from education. For a few minorities, the situation is unsatisfactory even in the most developed countries, for instance for the so-called "social handicaps" and for transition for the handicapped from school to the labor market.

This short survey demonstrates the complexity of the European problem. It involves not only the incidence of certain biological or pathological facts, but also the differential phases of the countries and the uneven levels of progress in the medical, social, and economic fields, the nature and duration of the prescribed measures, and the prevalent attitudes toward prevention and rehabilitation through school and other agencies of the community.

EASE COMES INTO BEING

In the light of these facts and the ideologies that prevail, it seems natural that, in some European countries, it was found essential to create a European organization for the development and education of the disabled.

During a symposium at Norrköping, Sweden, representatives of organizations dealing with handicaps from 13 European countries started a discussion on an association of special education. The meeting was held on 25 September 1968. The Norwegians proposed an "Interim Committee of European Cooperation for Special Education," which was approved by the meeting, with Heinz Schrader from the Federal Republic of Germany as chairman of the new committee.

The Interim Committee met at Bilthoven, Netherlands, on 7 December of that year. The future organization was suggested to be called "The European Association for Special Education (EASE)" and a draft constitution was drawn up along lines suggested by Walter Lund of Sweden. The present symbol, EASE with a roof over capitals (shown at the top of this article), was designed at the meeting, implying shelter and care for handicapped children and young people through education and therapy. It was used on stationery in January 1969 for the invitation letters to join EASE. By February 1969, four national organizations had decided to join EASE, and a bank account was opened. The Interim Committee was engaged as a cosponsor of the First International Symposium on Special Education in Zürich, Switzerland, 13 to 18 September 1970.

On the 18th of September 1970, a constituent assembly was held in Zürich to discuss EASE. Participants represented associations from Belgium (2), Denmark (2), FRG (2), the Netherlands (1), Norway (1), Sweden (3), Switzerland (5), Spain (1), and the United Kingdom (4).

After a lengthy discussion, the meeting participants adopted Articles of the Association. It was agreed that the meeting should assume the status of being the First General Assembly of EASE. Heinz Schrader was elected the first President. English was considered the official language.

Immediately after the General Assembly in Zürich, material was circulated to inform interested bodies of the purpose of EASE and how to apply for membership. Ordinary membership was open to national organizations in Europe interested in furthering the aims of the association; associated membership was allotted to other organizations, institutions, and individuals, in or outside Europe.

The EASE Newsletter began in 1970. The first issue, in English, was circulated in February of that year. The Newsletter included brief accounts on events in the world of disability. Member associations were invited to submit contributions and to copy any newsletter items.

FIRST INTERNATIONAL EASE CONFERENCE

After preliminary negotiations, a plan was put forward by Walter Lund and the Swedish Association of Special Education to arrange an international exhibition at Norrköping, Sweden.

In the middle of February 1970, Swedish authorities decided to financially support the undertaking. The EASE Board found it

reasonable to combine the exhibition with a conference; the dates of 27 July - 2 August 1971 were settled upon. UNESCO agreed to support the undertaking and to be represented at the event. This was the beginning of a lasting relationship with UNESCO and other members of the UN family.

One consequence of the Norrköping conference was that discussions on educational aids in the field of special education were begun. It is a well-known fact that disabled children must be characterized as special, or individually unlike each other, as to their learning prerequisites. From an organizational point of view, they represent very small groups. It is extremely difficult to construct the necessary school books, manipulatives, and other equipment that are adequate for each individual. The production costs often are considerable. For small nations, the problem is all but unsolvable. It was decided by a board resolution (August 1971) that international cooperation in the area of "Instructional Technology and Educational Media" (ITEM) would be of the utmost importance. An EASE-ITEM Committee was formed and worked resolutely on this problem in the following two years. The committee made contacts with UNESCO, the Council of Europe, Eurodidac, and some membership countries. Lack of interest and funds limited all activities. When this became evident, the EASE-ITEM group had to give up its work.

EASE FROM 1970 TO 1974

Applications for membership increased considerably after the Norrköping Conference. At the time of the Second General Assembly in Haderslev, Denmark, in 1972, fifteen organizations from nine countries had registered as ordinary members, representing more than 20,000 members. The financial situation was still insecure, making it necessary to take great care in planning for the future. The work consisted mostly of small regional meetings to discuss mutual problems. Seminars for 30 to 40 participants were arranged on such themes as "The Handicapped Child in the Community," "Practice of Integration," "Media in Special Education," "Special Care for Preschool Children and School Beginners," "Labeling Problems," and "International Exchange of Information."

Time after time, EASE stressed the importance of international cooperation to implement integration. "We should not ask 'what can I gain', but 'what can I give of experience and knowledge'" (Schrader, Bundeskongress für Sonderpädagogik, Hannover, 1973).

The second International EASE Conference was arranged in Madrid, 25 to 28 June 1974, on the theme "Special Education for Multi-Handicapped Children." The 1600 participants came from about 40 countries, and the number of speakers exceeded 100. The responsible organizers were the President of the Spanish Association AEDES, Maria Soriano (also Vice President of EASE) and her colleagues. The success of the Madrid Conference substantiated that, in its sixth year, EASE had become a respected international organization.

Heinz Schrader retired from the presidency. The Third General Assembly, held in Madrid on 26 June, elected Olof Magne of Sweden as his successor.

It was a great loss to EASE when Schrader left. His driving personality enabled EASE to endure the tough edification period from 1968 to 1974. His presidency was carried by an admirable tactfulness and sense for essential issues of the debate. Basic to his great leadership was Heinz Schrader's strong humanitarian progressivism and his desire to transform the life situation of handicapped people.

A PERIOD OF CONSOLIDATION

From 1974 to 1982, much effective work was concerned with the internal structure of EASE. It became necessary to find realistic working routines adapted to the still limited financial resources in order to fulfill expectations of member organizations. But many member associations showed great generosity, and some governments and local authorities liberally placed public funds at the disposal of EASE.

The Zürich General Assembly of 1970 had adopted the following structure of EASE. The General Assembly was the highest authority of the association. It met biennially, and among its responsibilities was the election of a nine-member Executive Board. The Executive Board appointed a Working Committee of 3-4 members. Thus, executive power passed through two levels without any real control from the highest authority.

The Working Committee decided that a revision of the Articles of Association should be ready before the Fourth General Assembly. Several preliminary drafts were circulated to the Executive Board and all member associations.

The Fourth General Assembly was held at Dorking, United Kingdom, on 3 August 1976, where it was decided to change the Articles. Even this well-prepared document was looked upon as a provisional arrangement. The main result was that the executive duties were to be managed by one board of directors, called the Executive Board of EASE and consisting of five officers, to represent different regions of Europe. A crucial discussion centered around the concept of membership. Eventually, it was agreed that "ordinary membership shall be open to *national* organizations in Europe." Other bodies or interested individuals were given the right to be associated members. This would not mean, however, that only one national organization is the obvious representative of one country. In many European countries, there are two or more national organizations for the education and welfare of disabled individuals. This is the case in the Netherlands, where the school systems are based on the principle of religion, and in Denmark, with different sections of education.

Among other items discussed was the article on official language. The official language(s) of the conferences would be English and the official language(s) of the country where the conference is arranged (e.g., in Belgium: Dutch and French).

Another important issue was how to promote international exchange of experience and information on research and developmental work in the fields of special education and welfare. At the Fourth General Assembly (Dorking), four avenues were adopted:

- Conferences, seminars, and small regional meetings in order to receive and disseminate results of research projects and other developmental work;
- Relationships with leading international organizations, first of all UNESCO, the Council of Europe, and the European Economic Community;
- Publication of a report series (News from EASE) and a newsletter (Information from EASE) to be circulated to the membership and to cooperating governmental and supragovernmental organizations; and
- Construction of a European database on educational topics for which EASE might assume responsibility for special education and welfare.

EASE arranged or shared the arrangement of conferences, besides small contact meetings, with a considerable number of participants during the period 1974-1982: 1975 (3), 1976 (6), 1977 (5), 1978 (5), 1979 (3), 1980 (2), 1981 (3), and 1982 (8). The low

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number in 1980 had to do with the fact that EASE made its boldest venture that year, together with the Finnish colleagues, to commemorate 1981 as the International Year of Disabled Persons. Participants numbered over 1500 and more than 100 speakers reported on the theme of "Commuication and Handicap." A conference report appeared in 1982, which reproduced many fruitful contributions by internationally-known experts on communication in connection with disability. Communication was looked upon as the necessary totality of human relationships, not just as a means for meeting with or talking with one another.

A PERIOD OF EXPANSION

At the General Assembly 1982 at Brussels, Belgium, Olof Magne retired from the Presidency. His successor was a well-known Belgian educator, Philippe Lamoral, then superintendent of a center for disabled children, who later accepted a post at the Brussels office of the European Economic Community.

Lamoral's interests were reflected in conference themes: Brussels in 1982 on "Developmental Instruction for Children with Educational Needs"; Madrid in 1984 on "Prevention and Special Education for Maladjusted Children"; and Ioannina, Greece, in 1988 on "Learning Disabilities of the Child in Ordinary Schools."

Electronic media were thoroughly debated at conferences in Denmark (1984), United Kingdom (1985), Switzerland (1986), Germany (1990), and Sweden (1991). The internal management of EASE was given an improved structure by revision of the Articles in 1988.

Relations were developed with UNESCO, the Council of Europe, the Nordic Council and, particularly, the Commission of the European Economic Community (EEC). In May 1982, the Commission of the EEC set up the "Bureau for Action in Favour of Disabled People." Its prime responsibility was to contact the governments of Member States on disability issues, and to implement programs adopted by the Council of Ministers. A group of 28 non-governmental organizations (NGOs) was elected, one of which was EASE. For a long time, P.E. Daunt was head of the Bureau, followed in 1987 by B. Wehrens. At the same time, the Bureau was replaced by the "Division for Action in Favour of Disabled Persons."

Among the various activities of this Division, HELIOS (Handicapped People in the European Community Living Independently in an Open Society) is the most important project. The main aim of HELIOS is to promote coordination among national and European activities toward a coherent policy for all categories of disabled people. Practical cooperation with local services and non-governmental organizations is divided into:

a. The network of rehabilitation centers.

Over recent years, the rehabilitation network has served an ever-growing national and European need for technical cooperation. A number of seminars and an annual conference provide the opportunity for in-depth discussion on topics ranging from vocational training for mentally ill people to employment for disabled women.

b. The network of local model activities.

Approximately 80 local model activities (LMAs) are organized into three networks: school integration, economic integration, and social integration. Each network has a study visit program, seminars for LMA coordinators, and an annual conference. These meetings promote the exchange of ideas, experiences, and professional expertise between Member States.

c. The Information and Documentation service.

This service edits the *HELIOS* magazine, which provides a major forum for the exchange of information throughout Europe. The documentation center holds a comprehensive stock of official EEC documents and texts.

d. HANDYNET, information at the service of disabled people.

HANDYNET is a computerized database system in the nine official Community languages, including an electronic journal and electronic mail. There is already an operational module on technical aids and educational software for people with a disability related to movement, vision, hearing, or communication, or who have learning difficulties. The module contains practical, functional, and economic descriptions of products on the European market, as well as linked organizational and legislative detail. Future modules will include employment, access, and transport.

In cooperation with non-governmental organizations for/of disabled people, the Division has become a driving force in EEC legislation for people with disabilities. Legislative activities have focused on the areas of employment, technical aids, mobility and transport, as well as integration of children and young people with disabilities into ordinary systems of education.

At the 1988 General Assembly of EASE, Klaus Wenz was elected President. He is the Director of Special Education at the Ministry of Culture and Sport in the state of Baden-Würtemberg, Germany. During his presidency, Klaus Wenz has very actively concentrated on two tasks:

- To develop cooperation between EASE and governmental European organizations, such as the Council of Europe and the Commission of the EEC; and
- To build up a network of cooperation between international non-governmental organizations in Europe.

The financial situation for EASE improved considerably during the period 1983 to 1991. It is notable that the average number of conferences, seminars, and international commitments tripled and still tends to increase every year.

One extremely important initiative undertaken by Klaus Wenz in 1989 was to engage EASE in joint cooperation projects with the International Federation of Educative Communities (FICE) and the Association for Teacher Education in Europe (ATEE). These organizations were formed for cooperation on an international basis for both professionals and volunteers in special education.

In the cooperation program for the years 1990 and 1991, EASE planned to implement several arrangements, jointly with ATEE and FICE, including projects concerning disabled persons themselves, meetings for professionals, and participation in various programs of the EEC Commissions. These events comprise seminars for small groups (up to 30 participants) as well as larger conferences (300 or more persons). These arrangements always are planned to be international, with representation from at least three countries of the EEC.

The focal points of the present activities of EASE are:

- Strengthening the communications and cooperation between member organizations of EASE;
- Improving the conditions for special education through direct contacts during regional seminars on special education and welfare;
- Widening the information base within and between member organizations through mediation of relevant reports, resolutions, and other materials from international organizations such as UNESCO, the Council of Europe, the Nordic Council, the EEC, and cooperating non-governmental organizations;
- Facilitating the communication between professionals in the field of special education by support of exchange programs for teachers and other personnel; and
- Establishing cooperation among international associations

interested in the disabled.

With these arrangements, EASE wants to reinforce future developments in special education:

1. To promote life and learning conditions for the disabled;
2. To induce studies on the comparability of various educational systems; and
3. To elucidate the effectiveness of essential forms of teacher training, including further education.

Topics of current interest must be given priority, e.g., the applicability of new technologies, teacher qualifications to use computerized learning aids for disabled students, adult education, acquisition of employment competence for the disabled, and early identification and remediation.

THE FUNDAMENTAL ISSUES

In the current debate, there are a few key questions to which EASE wants to direct the attention of politicians as well as the general public. It is obvious that, so far, no definite solution is given to these problems:

1. The concept of handicap and its practical consequences,
2. The problem of efficacy,
3. The importance of public attitude to handicap,
4. The organization of special education,
5. The learning methods,
6. The profit of cooperation within Europe, and
7. The rights of the handicapped person and his/her relatives.

Although integration, or mainstreaming, is an ultimate objective of social policy, the view of EASE today is that no dogmatism concerning the course of action toward this goal would be sound or prudent. The society should have sufficient resources to facilitate integration. The degree of possible integration depends on many practical conditions in a particular community, for instance, tradition, financial basis, supply of trained professionals, and learning conditions. It must also be accepted that some children among the handicapped require more input of school resources if reasonable retention is to be achieved.

EASE is a very young organization, but it has been capable of modeling its activities into quite distinctive forms. Discussion on the concept of handicap is still controversial in Europe. The controversy concerns countries in Western Europe where the British-induced term "special education needs" is commonly used. Until quite recently, in the Soviet Union and Central Europe, the fundamental assumption was that individual social development implies that the person carries forward, in new forms, an historical accumulative social heritage which began with the Marxist-Leninist revolution. Handicap was looked upon as a special case of isolation from the social heritage in one or several respects (for example, blindness). The handicapped have limited opportunities to escape isolation, and it would be the task of remediation to teach the individual to overcome or compensate for the limitations. Currently, in most countries in Eastern and Central Europe, this theory seems to have been abandoned.

The new reform movements in the West stress social rehabilitation rather than specific disability and etiology of handicap. Presumably, the same persons should be rehabilitated, whether the special education is based on earlier etiologic concepts or on the more flexible concept of special education needs. We still have to find the hard-of-hearing children as early as possible and give them sensible, intensified educational programs.

It is fortunate that there are differences in the basic view on handicaps in different parts of Europe. From the position of EASE, it is desirable that trains of thought would lead to versatile debates between European countries. Possibly a flexible approach offers some advantages and could be a foundation for a more generally accepted formula for future research and developmental instruction in the field of special education.

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THE ARTS IN SPECIAL EDUCATION IN EUROPE:
AN OVERVIEW OF TRENDS AND PRACTICES

by
Dr. Kristen D. Juul

INTRODUCTION

This article presents a picture of the current situation with regard to the inclusion of the arts in special education and therapy in Europe. The presentation starts with some historical remarks and some comments about different theoretical orientations: developmental, psychodynamic, humanistic, and transcendental models. The main focus is on the major art modalities: music, visual arts, creative drama, creative movement and dance, and the integrated arts as they are used in the education and treatment of children with physical, sensory, and intellectual handicaps. The material has been drawn in part from visits to school programs in a number of countries, but mostly from an extensive review of available literature in several languages.

HISTORY

The healing power of the arts was known long before recorded time and, even in contemporary pre-literate societies, dance, drama, poetry, and music are used to deal with illness. The early Greeks were aware of the relationship between the arts, beauty, and health. They recognized the inner cleansing that ensued from watching or participating in dramatic enactments; different forms of music were recommended as antidotes for physical and mental disorders.

Almost two centuries ago, early pioneers in the education of children with disabilities included the arts in the curriculum. Both Itard (1775-1838) and Seguin (1812-1880) experimented with music; the latter also explored the use of visual arts and movement in instruction. Pestalozzi (1746-1827) placed great emphasis on the arts in his residential schools for orphaned and destitute children. Movement was used for self-expression; clay models of the landscape were made in geography lessons; and drawing was encouraged as a means of self-expression and to test a child's knowledge. Music, particularly in the form of singing, was an integral part of daily activities (Hayward, 1979).

In the early part of the 20th century, the arts continued to be a component of therapeutic education. With the gathering strength of totalitarian movements, many of the leaders in the field left Europe and found refuge particularly in the U.S., but continued to have a significant impact on their native continent, e.g., Moreno (1964) in psychodrama, Kramer (1958) and Lowenfeld (1957) in art, and Frostig (1970) in creative movement. One who did not survive was Janusz Korczak, the Polish-Jewish physician, author, and educator. In his school for destitute children, music, story-writing, and storytelling helped the students over rough spots in their development. In 1942 he died, with his young charges, in the gas chambers of Treblinka (Lifton, 1988).

In Europe, special education is generally defined broadly and overlaps with allied fields such as recreation, rehabilitation, and therapy. The British Warnock Report on the special educational needs of handicapped children and youth ("Special Educational Needs," 1978, pp. 6-7) states the position clearly: "Our concept of special education ... embraces the notion of any form of additional help, wherever it is provided, from birth to maturity, to overcome educational difficulty." One finds in different countries that therapists in art, music, drama, and movement work closely with each other and with the teachers, and in the descriptions of what they do, there is often little distinction between what is therapy and what is education.

THEORETICAL MODELS

In recent decades, artistic interventions have relied on a theoretical system for support. These models are not always clearly defined and sometime overlap; however, it may be instructive to describe some programs that are representative of different concepts:

The Developmental Model

The followers of the developmental model use the arts to supplement academic subjects, foster emotional and social development, and alleviate personality problems. This orientation is very common in Europe; there is a term for it in German, called "Erziehungskunst" (Putz, 1981), in which "Erziehung" refers to upbringing and education, and "Kunst" means "the arts."

Pestalozzi was the first to integrate the arts in a systematic way into the curriculum for children with special needs. The Waldorf schools, built on the educational principles of Rudolf Steiner (1861-1925), have carried these ideas even further. They even invented new instruments and art forms (Carlgren, 1981; "Healing Education," 1974; Pietzner, 1966). The French educational reform movement, initiated by Freinet (Lee, 1980), gives creativity and the arts a central place in regular and special education.

In the United Kingdom, Lindsay (1972) has been an advocate for the visual arts in special education. She adapts her materials to compensate for specific disabilities and to match the developmental levels of individual children.

The Psychodynamic Model

The psychodynamic model began at the turn of the century when three psychiatrists (Alfred Adler, Sigmund Freud, and Carl Jung) formed a society to study and treat emotional disorders. All three have had an impact on the therapeutic use of the arts. Psychodynamically-oriented therapists use the arts both for

diagnosis and treatment; they tend to pay attention to unconscious forces that motivate behavior. A moving illustration is provided by a Jungian psychiatrist in Zurich (Kiepenheuer, 1980). As the physician for a boy dying of leukemia, he encouraged the child to draw pictures. They became a medium of expression that made it possible for the therapist to support the boy and give assistance to the family and the staff in their grief.

Many arts therapists have drawn inspiration from the psychodynamic theories; some have moved on to make their own innovations. Moreno (1892-1974) was greatly influenced by Freud, but had a more optimistic perception of man's potential for self-improvement.

Humanistic Psychology

Humanistic orientations evolved in part from developmental and psychodynamic thinking. They stress such concepts as joy, creativity, the arts, autonomy, self-actualization, and transcendental experiences. Two music therapists, Nordoff and Robbins (1971, 1985) had a humanistic perspective in their work with disabled children. They used different instruments and improvisations to help children with profound problems to communicate. Nordoff was an American composer and pianist; Robbins was an English special educator. They traveled extensively throughout Europe where they had a deep impact on the direction music therapy has taken in the schools.

Transcendental Models

Transcendental orientations are based on the assumption that the ultimate realities are spiritual and mystical. This view is primarily found in the schools and therapeutic communities that follow the educational principles of Rudolf Steiner. His philosophy is called anthroposophy or "the wisdom of man"; his pedagogical approach is termed the Waldorf Method. In Europe, there are numerous regular and special "Steiner" schools in which the arts have an essential part in the curriculum. The anthroposophists have developed new musical instruments and new art forms particularly suited for children with special needs, e.g., eurythmy, a kind of expressive movement and dance (Ogletree, 1974, 1976; Reinsmith, 1989; Weihs, 1971). They have also created a new form of therapeutic community called Camphill in which disabled villagers and non-handicapped co-workers live together as spiritual equals (Pietzner, 1990).

Summing up the contribution to music therapy of several major therapy models, Ruud (1980) considers these conflicting paradigms as potential ways man views himself. He believes the preponderance of one model over the others would be a loss to the field. The possibility exists that these approaches might complement and support each other to the ultimate benefit of the children they are intended to serve.

ARTS MODALITIES

This section describes the educational and therapeutic uses of the arts. They are organized under the categories of music, visual arts, creative drama, creative movement and dance, and integrated arts. The following will illustrate how these art forms are used with children representing different kinds of disabilities as well as different countries.

Music

Music in special education and therapy is a versatile medium with almost unlimited applications. It can be adopted for children with all kinds of disabilities, and is easily combined with other art forms.

Three individuals stand out as major innovators: Emile Jacques-Dalcroze from Switzerland, Zeltman Kodaly from Hungary, and Carl Orff from West Germany (Landis & Carder, 1972). Each has developed his own method, but they have a common philosophy; they combine music with movement; and they are congenial to children with special needs.

Jacques-Dalcroze's method is called eurythmics (good rhythms). He personally worked with blind children (Jacques-Dalcroze, 1930).

Kodaly had a special interest in deaf children and was concerned that they should learn the pleasures of music. Klara Kokas has used his musical system with special needs children in combination with spontaneous and improvised movement, dramatization, drawing, painting, and clay modeling. Sometimes she makes slides of the children's work which she projects on a screen while encouraging the students to make up tales, poems, songs, dances, and musical compositions (Kokas, no date).

Orff's method has been widely incorporated in special education, which may be due to his simplification of music and instruments to fit the needs of children. In a Festschrift (Wolfgart, 1971) in honor of Orff's 75th birthday, contributors from six countries (Austria, Denmark, England, Greece, Switzerland, and West Germany) described their work with mildly and severely mentally retarded, physically handicapped, brain-injured, blind, hearing and speech impaired, deaf-blind, and behavior disordered children. Gertrud Orff has used the Orff Music Therapy approach with pupils attending the famous Kinderzentrum (Children's Center) for handicapped children in Munich, in conjunction with a Montessori-based educational program (Orff, 1980).

In Britain, music in special education has had strong public support. As an example, the Carnegie United Kingdom Trust has supported Philip Bailey (1973) in his efforts to adapt music to mentally retarded children as well as an eight-year "Music for the Slow Learner Project" under the leadership of David Ward. The children were generally classified as severely educationally subnormal (Ward, 1976).

A leading pioneer in music therapy is Juliette Alvin (1976). Her approach is developmental and humanistic, and she adapts her music to the specific circumstances of different disabilities. She has done research on music therapy with autistic children, and has found evidence of its positive effect (Alvin, 1980).

Singing has been found to have many positive effects in learning and behavior. Among deaf children, Tait (1986) observed improvements in attention, auditory awareness, memory, and autonomy. Similar results have been reported from other countries.

A promising form of music therapy has been developed by Olav Skille in Norway. It is called "music bath" and is used with severely developmentally disabled children. A child is placed on a mattress to which are attached two loudspeakers connected with a record or cassette player. When music is played with varying intensity and rhythms, the child becomes able to relax and activate the muscles more appropriately. Progress has also been found in social attention and language development (Skille, 1982).

In the same country, Christoffer Krill (1983) devised a musical program to improve attention, temporal organization and activity, memory recall, and sequential organization of experiences. Longi-

tudinal studies have shown positive results.

In Denmark, music therapy has an important place in special education. Since 1969, it has been promoted and coordinated by the Danish Society for Music Therapy. Under the leadership of Claus Bang at the Aalborg School for the hearing impaired, it conducts regular courses for teachers and others concerned with the handicapped. Bang is an international authority on the use of music in the development of language and communication among children with hearing problems (Bang, 1986).

In that country, there has been a revival of interest in traditional folk culture. In the village of Hogager, a "House of Folk Music" has been erected which brings together experts skilled in song, music, and dance to perform and teach. For years, the pupils in a school for psychotic children in Copenhagen have participated in the activities at the center by performing programs of songs, dances, and storytelling. They also bring back to their school new ideas for their curriculum (Rahbaek & Staun, 1978).

The Visual Arts

In many European schools, the visual and formative arts have a major role in special education. They may be used to establish a warm and healing ambience, and provide creative expression for the students. An example is the Sogn School in Oslo, which is connected with the adolescent section of the National Center for Child and Adolescent Psychiatry in Norway. The school is situated in the hills overlooking the city and the fjord. The building is surrounded by flower beds maintained by the teachers and students. At the entrance, there is a statue of two girls: one is sad-looking and bent over; the other is throwing out her arms in youthful exuberance, presumably symbolizing the liberating effect of the program. One outside wall is covered with panels which the students have filled with their own paintings. The inside walls display paintings by prominent artists, as well as student art (Juul, 1989).

In the Francophone countries, colleges for the training of child care workers or "educateurs specialises" have courses on drawing, painting, weaving, basketry, wood carving, and work with clay, glass, and other materials (Linton, 1971). In the French educational reform movement initiated by Freinet (Lee, 1980), there is emphasis on creativity and the arts, both in regular and special education. A visitor to such a school reports that every classroom had displays of children's art, such as paintings, prints, and ceramics; outside there are sculptures and pictures of ceramic tile.

Aubin (1970), a French psychiatrist, has published extensively on the meanings of drawings made by children with psychiatric problems. He also views drawing as an important medium of communication for many children who are inhibited or deficient in the use of the spoken word. Similarly, the Danish school psychologist Pedersen (1986) has for years used drawing with children as a therapeutic tool both for individuals and groups. Working primarily from a Freudian perspective, she finds that many children have learning problems as a result of emotional blocks, which are sometimes resolved in the therapeutic process. Teachers in special education are taught to use the procedure of group drawings in dealing with classroom problems.

The Bethel Institutions in Bielefeld, Germany, are run by a religious organization. They serve a large number of children and adults with disabilities. Much effort is made to encourage artistic talent, and some of the residents have produced artwork of great power and beauty. In a sanctuary this writer has visited, the students in metals class have created a large cross symbolizing the fifth commandment and, in an assembly room, the walls are covered with 183 pictures made in ceramic tile. They represent scenes from the Bible and were made by a young man with epilepsy ("Keiner," 1978).

In the United Kingdom, Tessa Dailey (1984) has gained prominence as an art therapist. A follower of Jung, she looks upon the art process as an avenue for self-expression and to restore psychological balance. She works in the public school in London with youngsters from different ethnic minorities, in particular children of Afro-Caribbean origin. They have special difficulties in terms of being black in a fundamentally non-accepting society. Dalley collaborates closely with regular classroom teachers (Dalley, 1990).

Creative Drama

The Vienna-born psychiatrist Moreno is generally considered the founder of therapeutic drama. In 1925, he emigrated to the United States where, until his death in 1974, he exercised an enormous influence on the development of this form of therapy on both sides of the Atlantic. The German therapist Leutz (1978) has been instrumental in the expansion of psychodrama in Central Europe and in the establishment of Moreno institutes for the training of therapists.

In some countries, drama as a teaching tool has made an inroad both in regular and special education. In England, drama in education or theater-in-education is seen as a powerful teaching tool. Best known among the leaders in the field is Dorothy Heathcote. She has worked extensively with handicapped and disadvantaged children, and she has the distinction that a book has been written about her (Wagner, 1976). A film about her, *Three Looms Waiting*, shows her unique skills as she works with different disability groups in the schools.

Sue Jenning (1978, 1987) has used remedial drama with disturbed and maladjusted children in regular and special schools. She finds that both prevention and healing can occur through participation in dramatic activities.

In Scotland, Byron (1979) found in a survey that some form of movement and drama was used by almost all schools for mentally and physically handicapped, maladjusted, and deaf children. The teachers believed that the benefits were substantial both as therapeutic outlets and in terms of academic gains. Cayton (1981) has documented that drama has powerful therapeutic function in the education of deaf children. It helps in extending the emotional repertoire and is invaluable in language development. Similarly, Seeley and Camus (1983) had impressive results working with hearing-impaired children in semi-structured plays. The children improved in the quality of language, self-confidence, social cooperation, and involvement.

In Sweden, Horberg (1984) has used drama with the developmentally disabled. The topics included critical situations in everyday life. She also helped teachers to use dramatization effectively in their general instruction. They often discovered that acting and role-playing revealed unknown capacities and positive personality traits among their students. Breitenbach (1983) founded in 1973 a non-profit organization "Expression dramatique pour enfants" to promote child drama in France and to conduct research on this art form on handicapped and disturbed children. In spite of some resistance from psychotherapists, the organization is making progress and receives increasing funding from private and public sources.

Creative Movement and Dance

Creative and therapeutic movement takes many forms, ranging from formalized ballet to informal idiosyncratic expression. It may include dance pantomime, play, and sports. An originator of creative movement was Emile Jacques-Dalcroze (1930) who evolved a system of motor education called eurythmics or good rhythms. He worked extensively with blind children. In France, Wallon (1942) laid a theoretical foundation for movement-oriented interventions, particularly with emotionally troubled children. In the French cultural sphere, a new profession of psychomotricity has emerged, and several colleges in France have been established to train specialists in this field.

One of the most influential of the European innovators was Rudolf Laban (1968). After an illustrious career as a leader in the dance world in Central Europe, he settled in England where his impact has been the greatest. He experimented with dance and movement from an educational and therapeutic perspective and invented a system of notations for recording movement.

One of Laban's renowned disciples was Veronica Sherborne. For half a century, she applied his ideas with regular and special pupils and found them useful in integrating exceptional children in the ordinary class and school (Sherborne, 1989). She made a number of films and videos about her work, and a definitive book was published only weeks before she died (Sherborne, 1990). Another British innovator in movement education is Mosston (1972). Borrowing freely from diverse theoretical orientations, he created a system of movement instruction that has been widely adopted by teachers.

A prominent British dance therapist is Gena Levete (1982). She worked with Thalidomide victims and other physically handicapped children, and discovered a great gap in the provision of creative activities for the disabled. In 1976, she formed SHAPE, which puts professional creative artists in touch with the handicapped in schools, hospitals, and other institutions. In 1982, she established another organization with a global clientele, INTERLINK, with support from UNESCO and other agencies. For several years, she edited a newsletter, *Positif,* which contained reports about creative activities for and with the disabled throughout the world.

Integrated Arts

Each of the arts modalities has certain advantages in work with specific children or groups. Some enhance their effectiveness when combined with another art form. For example, at the John Horniman School for language disordered children in England, the arts are integrated in curricular activities. Drawing, painting, and other formative arts and crafts contribute to the improvement of coordination, perceptual and cognitive learning, and self-expression. Educational drama is conducted weekly, and mime is used extensively with children lacking in verbal skills. A movement program is in use which is derived from French ballet. Many exercises are based on positions seen on ancient Greek vases, recognized for their therapeutic and aesthetic value. Music has a central role in the curriculum, based on Leonard Bernstein's comparisons between spoken and musical language (Hutt, 1986).

In Denmark, the arts have an important role in special education. There are many articles on the topic in the journal of the Danish association for special education, *Specialpaedagogik.* A noteworthy project combining movement and music has been carried out at the Skovager School in Copenhagen, which showed significant progress in student motor and language skills, body awareness, conceptual learning, personality development, and social adjustments. The program was based on the concept of Rhythmic Musical Education, which is built on contributions from Jacques-Dalcroze, Orff, Kodaly, Laban, and others (Nielsen & Braskhoj, 1987).

The arts have a prominent place in the Johannes Neuhausler Schule run by the Catholic Caritas in Bavaria. It serves about 160 developmentally disabled and multiply disabled children. The walls of the entrance hall are covered with semi-abstract murals; student art is on display in the corridors and classrooms. Music and drama are integrated in the curriculum, and the school has produced two records. One is called "Schonbrunner Melodie" and has songs from many lands. The other contains a children's musical called "The Adventures of Brave Benjamin" (Kindermusikal, 1978). The show is sometimes performed in public, and has received praise for the spirit and professionalism of the young actors.

Maria Egg, an eminent pioneer in Swiss special education, places the arts at the core of the education of the mentally retarded. In her book *Educating The Child Who is Different* (Egg, 1973), she has chapters on music and rhythm, drawing and painting, and the manual arts. She stresses the importance of singing in the daily schedule of children and finds that, if a group is restless or moody, singing will restore order and willingness to work. The manual arts, e.g., weaving, can serve as preparation for the world of work. Egg's sister, Luise Rossier-Benes, runs a sheltered workshop for the mentally retarded in Zurich where cloth of high commercial quality and beauty is being produced.

The Swiss couple, Ferris and Jennet Robins, has developed a combination of music and movement called "Educational Rhythmics," which has been widely accepted throughout Europe. In the book with the same name (Robins & Robins, 1965), they describe their philosophy as well as detailed instructions and exercises. The activities can be used to reinforce the usual school subjects and can be easily taught by teachers who are musically and rhythmically inclined.

CONCLUSION

In this article, an attempt has been made to give a representative view of the ways the arts are incorporated in special education in Europe. The picture is incomplete because much of the source material appears only in native language publications and some admirable programs are not published at all. It is clear, however, that the arts have a solid position as a means of therapeutic interventions and as an adjunct to the academic curriculum.

It is also evident that, with the increasing stress placed on children in our modern technological society, the arts are more necessary than ever. The German special educator Theunissen (1981) is a strong proponent of the esthetics in the education of children with special needs. In his view, which this author endorses, the arts are an essential medium in enhancing communication, emancipation, equality, self-realization, and ego identity. They serve as an antidote to the current positivistic instructional technologies, the dominance of the achievement motive in schools, and the neglect of the emotional, personal, and social aspects of the learning process.

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SPECIAL EDUCATION AND TEACHER TRAINING IN NORWAY

by
Kjell-Arne Solli

INTRODUCTION

Norway has given high priority to teacher training in special education. The existence of the National Institute of Special Education (NISE) since 1961, undertaking research as well as advanced training in special education, bears testimony to the importance given to this matter.

The majority of special education is delivered in ordinary schools and kindergartens. Less than 1% of the pupil population is educated outside ordinary school, and 10-15% receive some kind of special education.

This article examines the special education policy in Norway; how special education is delivered to handicapped pupils; special education teacher preparation; and challenges in preparation of special educators.

Norway, although one of the largest countries in Europe in size, has a population of only slightly more than 4 million. Less than 50% of the population live in urban settlements. Towns are small, and the capital, Oslo, has a population of about 500,000. Norwegians share a common language and the large majority of the population are registered members of the Lutheran State Church. The history, economic development, cultural and social characteristics of Norway have been shaped by its geography. Norway has a long coastline along the Atlantic Ocean, broken by fjords and islands. Nearly three quarters of the land mass is made up of barren rocks, mountain ranges, and arctic tundra. Historically, communication has been by water. As a result, its regions have been isolated from one another and have developed local traditions and a sense of community. It is upon this local identity that the modern nation has been built.

The Norwegian society is generally egalitarian in nature. With its economic expansion during the twentieth century, this equality has been maintained by a highly developed system of social security, combined with selected use of economic transfers from the more prosperous sectors and geographical areas to the less prosperous. The welfare state has become an accepted political objective, and both the schools and the health and social services reflect this principle of equal opportunities for all.

Support for education is accorded a high priority. Business and working life education is seen as a key contributor to the further development of the welfare state. At the same time, education is not restricted to technical training, but is viewed as a primary factor in the development of dynamic and innovative people who are able to contribute to an economy that is diversified, modernized, and productive.

THE GENERAL EDUCATION SYSTEM

Norway stands out internationally because of the length and strength of its common school tradition. Adoption of compulsory schooling took place earlier in the countryside (1827) than in the towns (1848) and long before the industrialization of this nation.

Seven years of schooling was in fact made compulsory as early as 1889. Nine years of compulsory schooling was mandated for everyone in 1969. The fundamental aim of the educational policy pursued in Norway has been to raise the general educational level for the population as a whole, and to provide equal opportunities for all. Historically, the approach to this objective has been closely linked with the comprehensive common school model characterized by a common curriculum, no separation of pupils according to abilities, and automatic promotions from lower to higher grades. Each class is kept together as a unit from the 1st to the 6th grade and, in many cases, to the 9th grade. The overall objectives of Norwegian educational policy are to (a) provide equal opportunities for all, regardless of social, cultural, and economic background, and (b) offer an education adapted to the abilities of the individual pupils. This objective is specifically expressed in several laws. According to the Act of 1969 concerning the basic school for children ages 7 through 16, the purpose of education is:

... understanding of and collaboration with the home, to help give the pupils a Christian and moral upbringing, to develop their mental and physical abilities, and to give them a good general knowledge, so that they can become useful and self-reliant human beings both in their homes and in the community. The school shall further freedom and tolerance, and work for the creation of productive forms of cooperation between teachers and pupils and between school and home.

The educational system in Norway can be roughly divided into three steps, beginning with the compulsory school (basic school) in which children attend from the year they reach the age of seven until age sixteen. The second step is the upper secondary school (grades 10 through 12), which is not compulsory but recruits about 90% of all sixteen-year-olds immediately upon completing the basic school. The upper secondary school incorporates a wide range of courses of study of one to three years duration, aimed at preparation for further education or a vocation. Upper secondary school is, in principle, open to all young people. In many cases, however, the number of applicants exceeds the number of places available. The third step is higher education in universities, regional colleges, and adult education, which is provided both by public authorities and publicly funded voluntary organizations.

Adult education consists of a variety of courses oriented toward strengthening community interests and involvement or leisure interests. There is also a substantial component which is relevant to formal education in that it can provide the basis for the acquisition

of various skills and qualifications. In recent years, emphasis has been placed upon improving teaching facilities and creating opportunities for underprivileged groups and persons with handicaps to attend.

The educational system falls within the jurisdiction of the Ministry of Education. The National Assembly (Stortinget) has legislative and levying power, and overall responsibility and authority for the schools. Through legislation, the Stortinget stipulates overall goals, the structure and organization, and the responsibility for the cost administration and finance of schools. The Norwegian educational system has always been centralized, although some decisions have been local (e.g., adjustment of school days to seasonal work, selection of teachers, and provisions of classrooms). The system of education in Norway may be characterized as a public responsibility, with the private school population being very small.

Responsibility for the day-to-day operation of the system is divided among municipalities, regions, and the central government. The municipalities, of which there are 454, have the main responsibility for the compulsory education in basic schools. At the regional level, there are 19 counties which are responsible for upper secondary schools. The central government is responsible for higher education. The central government does, however, cover a considerable proportion of the cost of operating basic and upper secondary schools. Tuition within the public education system is free for all. In 1986, a new system of allocating federal funds to municipalities and county municipalities offered local municipalities greater financial and administrative autonomy. This represents a move toward decentralization and the management of the school system according to specified objectives instead of by regulations. This decentralization is also represented in a newly revised curriculum for the basic school, the "model plan," which gives the local schools authority for their own plans on the basis of specified curriculum guidelines. Given this background, the question has arisen as to how to maintain equal education within a decentralized system.

Norwegian basic schools are organized into school districts within each municipality, and children attend school in their neighborhood. Currently, there are slightly more than 500,000 students enrolled in basic schools. A typical basic school is small and enrolls from 150 to 250 pupils. In urban areas, schools are larger, with 300 to 400 pupils enrolled. The maximum class size is 28 pupils, with the average being about 20 pupils. Children in the 1st grade attend school 15 hours per week. Beginning with the 4th grade, pupils attend school for 30 hours per week. Norway has a scattered population; therefore, there are a relatively large number of small schools in remote and sparsely populated areas. There are approximately 250 one-room schoolhouses, and an additional 1,000 have fewer than one classroom per age group.

The basic school is divided into a primary stage comprising grades 1-6 (ages 7-12), and a lower secondary stage of grades 7-9 (ages 13-16). Kindergarten and pre-school education are separate institutions which are not part of the school system. The kindergartens are educational institutions which have primarily a social function, their main task being to take care of children during the period when parents are working outside the home. Sixty percent of all 6-year-olds attend various forms of pre-school education, with an approximate enrollment of 20% among the 2- and 3-year-olds.

Kindergartens are operated by municipalities, private organizations, and firms, pursuant to legislation enacted in 1975, and administered by the Ministry of Family and Consumer Affairs. Currently, there is a shortage of pre-school and kindergarten programs.

THE SPECIAL EDUCATION SYSTEM

Handicapped children were not included when legal rights to basic education were first stated. The Primary Education Act of 1889 formally excluded from school the "feeble-minded," the "crippled," children with contagious diseases, and misbehaving children. These children and children who were deaf, blind, and mentally retarded were included, or segregated, by the Act for Abnormal Children of 1881. Misbehaving children were considered in the Act of Neglected Children's Treatment of 1893.

During this period, handicapped children generally were segregated from or neglected by the ordinary school. Several educational provisions were established first as private residential institutions and later as state institutions. State-operated special schools were established for the officially recognized categories of "handicaps." As part of this process, the goals of education, and the methods of assessment and teaching, were developed; knowledge of the characteristics of the handicaps were derived, collected, and concentrated within a few relatively isolated institutions. The special schools also provided some special teacher training courses.

After World War II, Norway experienced a total reform and expansion of the education system. This expansion, initiated with the Special School Act of 1951, included the handicapped, mainly in accordance with the established segregated school principle. A new postgraduate teacher training program for special education was started in 1961.

Although the quality of special education within the special schools gradually improved during the 1950s and '60s, the "segregation principle" continued to guide practice through the middle of the 1960s.

The Education Act of 1969 laid out a comprehensive school reform process to be fully implemented throughout the country. This Act provided for the integration of handicapped pupils into ordinary schools, requiring the ordinary school to offer special education to pupils who could not benefit from ordinary teaching. This was the beginning of the implementation of a totally new policy known as "normalization," which contends that no necessary lines of division should be drawn between persons with and without handicaps in matters concerning medical and social treatment, upbringing, education, work, and welfare. Eight articles of the Act concern handicapped pupils:

- The overall aim of special education should be the same as for ordinary education;
- The Special School Act should be incorporated in the Compulsory School Act;
- To the largest extent possible, special education should be incorporated into, or at least coordinated with, the ordinary school;
- Most pupils should be able to live at home;
- For some groups of handicapped (particularly the blind and the deaf), larger catchment areas than the local municipality might be considered;
- Handicapped young people should have the same right as others to further education;
- All resources and services should be utilized on an interdisciplinary basis and coordinating arrangements considered;
- Limited economic resources should be utilized in such a way that the best solutions can be found for as many as possible.

Although the Education Act of 1969 had, *in principle*, stated that all pupils have a right to education, this right was not formally

extended to handicapped pupils until 1975. Through a 1975 revision of the Basic School Act, education at the compulsory level became regulated by one and the same act, and the Special School Act was abolished. All children and young people were offered the right to an education in accordance with their own needs, interests, and capabilities. The fundamental principle of this revision was to integrate, as far as possible, all pupils with handicaps into the regular nine-year comprehensive school. The principle applies equally to the education of children with behavior problems, learning difficulties, and other handicaps as well as children with specific learning *abilities*.

Today, a system of special education no longer exists. One legislation regulates both general and special education, based upon individual students' needs and delivered on a non-categorical basis. The challenge now lies with the local school and kindergarten to successfully adjust content, activities, and forms of organizing. A school for all must be characterized by certain flexibility and variation, which is reflected in the "model" plan for basic schools and curricular guidelines for upper secondary schools.

Although the principle of normalization is commonly accepted in Norway, a 1985 White Paper on certain aspects of special education initiated a breakthrough for integration. The White Paper aroused considerable discussion concerning integration and the criteria for determining successful integration. Specifically, the White Paper differentiated physical integration and integration in interaction and communication, highlighting the need for handicapped pupils to experience "membership" within a group and avoid a new form of segregation or isolation within a regular setting.

THE RIGHT TO SPECIAL EDUCATION

Norway has a system called pedagogical-psychological services (P.P. Services). These consist of 250 government-sponsored clinics staffed by psychologists, guidance counselors, social workers, special educators, and other professionals needed for the diagnosis, placement, and treatment of handicapped children. They evaluate all "at risk" pre-school children and run therapeutic toy libraries for young children. They also render support to parents and teachers, and conduct prevention programs in cooperation with the schools and other agencies. Important sources of referrals are the local health centers staffed by physicians and nurses, which regularly examine pregnant mothers and young children. The cooperation and participation of the parents are vital when special education interventions are considered, and no action can be taken without the explicit consent of the parents.

Special education is provided according to need, and not according to any handicap. Children identified before the age of 7 as in need of special education have a priority for placement in a kindergarten. Children in the basic school have the right to special education, and a youth over age 16 has the right to a priority to upper secondary school.

Municipalities have the responsibility to provide special education to kindergartners with handicaps. Six percent of kindergartners have identified special education needs, although pre-school teachers report that many more children (up to 20%) have a need for special help and support.

With the Basic School Act and the right to education for all pupils, education has come to be broadly defined and characterized by a certain flexibility and variation in terms of both content and activity. Adapted education for all is an overriding concept; yet, it is believed that there are young people who will not benefit from ordinary education.

SPECIAL EDUCATION PROGRAMS

Most of the special education offered in kindergarten, basic school, and upper secondary education is delivered in ordinary educational settings.

Results from a recent survey indicate that 69% of pre-school children evaluated to be in need of special education receive help in an ordinary kindergarten. Most of these children have communication and behavioral problems. Special kindergarten is provided primarily for children who are deaf.

A fairly common intervention is to engage an assistant or "support" teacher for children who need support beyond the capacity of the regular staff. Assigning one adult to one particular child has its drawbacks (e.g., the child may not be exposed to the same social contacts or challenges as the other children in the classroom); therefore, alternative ways of using the support person and organizing extra resources for handicapped children must always be considered.

In basic school, approximately 6% of the pupils are evaluated to be in need of special education, with between 10-15% of the pupils receiving some kind of special education. The largest group of problems is associated with learning difficulties in one or more of the school subjects (especially reading, writing, or arithmetic) and behavior problems. Eighty-four percent of these children receive special education in or in connection with the ordinary classroom. Less than 1% of the total pupil population is educated in special schools/classrooms.

Young adults (ages 16-21) who are evaluated to be in need of special education (i.e., handicaps relating to vision, hearing, physical functions, learning disabilities, severe learning disabilities, mental retardation, immigrant students, and those with medical problems and behavior disorders) are given priority to upper secondary education. Approximately 4% of the pupils in upper secondary schools are admitted by priority. Of this 4%, 63% are offered special education in ordinary classrooms, and 20% are placed in special classrooms of 4 or 8. Groups of 4 students are mainly used for pupils with severe learning disabilities or mental retardation. Special classrooms/small groups are more in use in upper secondary schools than in basic schools. Since the right of priority only came fully into force in 1987, some changes can be expected in secondary schools in the future.

The policies of integration, normalization, and decentralization, when put into action in the school system, raise many issues. While the laws provide handicapped pupils with the right to special education, definitions of the "quality" and "quantity" of such rights are vaguely established. And while intentions are good, the reality is that municipalities must strengthen their professional services in order for special education to achieve quality. Currently, the schools and P.P. Services are unable to supply adequate professional support.

Beginning in 1991, a regionally-based system which has provided special assistance, institutional care, and other services to the more severely mentally retarded, will be shut down; all responsibility for special services will be transferred to municipalities and the ordinary school system. There are also plans for a reorganization of the state special schools, of which there are 29. Some will become regional programs, while others will become so-called "competence centers." Such changes certainly will demand the re-tooling of professional and support staff of these institutions.

GENERAL TEACHER TRAINING

Given the considerable changes in educational provisions for handicapped pupils in Norway, there are likely to be special teachers who are not ready to give up their pupils, and regular educators who are not quite ready to accept them. It is the author's view that teacher training contributes to segregation or integration, and Norway has given high priority to the training of special teachers.

In Norway, all teacher training for primary and secondary schools is regulated by the Training of Teachers Act of 1973. This Act makes a distinction between the following categories: (a) pre-school teachers, (b) teachers of general subjects, (c) specialized subject teachers, and (d) teachers of vocational subjects.

There are three levels of education qualification for all categories of teachers (larer, adjunkt, and lektor), the titles being awarded on the basis of 3, 4, and 6-7 years of training. The 4-year training is comparable to a Bachelor's degree and the 6- to 7-year training is comparable to a Master's degree. Teacher pay is based upon years of training. There are 27 colleges of education, of which 19 mainly provide training for teachers of general subjects. The initial period of training for all categories is at least three years, although there were plans to initiate a 4-year training period for all teachers of general subjects beginning in 1991.

Coursework consists of various training units of 1/4, 1/2, or a full year. Most colleges of education organize further education courses of 1/2 to 1-1/2 years for teachers who decide to upgrade to a higher level. They also offer inservice training. The majority of the bachelors candidates receive their academic education at one of the four universities, although there is a move to transfer Bachelors-level trainees from the universities to colleges of education. These colleges now offer post-graduate training in a limited number of subject areas (i.e., practical aesthetic subjects, commercial subjects, special education).

The initial teacher training for pre-school and basic school teachers includes a half-year segment of special education topics (i.e., learning difficulties in reading, writing, and mathematics, introduction to other disabilities including emotional and social behavior problems). The legal foundation for the schools' responsibility for handicapped children and the children's right to receive help from society also are included. In contrast, secondary level teachers-in-training receive, in their 6 months of educational theory, little information regarding special education.

SPECIAL EDUCATION TEACHER PREPARATION

Full-time advanced teacher preparation in special education has been in existence in Norway since the 1950s. In 1961, the Norwegian Institute for Special Education (NISE) was founded. NISE has a national responsibility to identify qualifications for special education personnel and to advance the knowledge and skill-base of special education through demonstrations of innovation and research. Since 1961, there has been constant growth both in quality and quantity of special education courses. To date, nearly 5,000 students have received their education as special teachers.

Teacher training in special education initially began as one year of study built upon initial teacher training. Then, part of this study was added to initial teacher training for all pre-school and basic school teachers. With this change, study in special education was changed to a half-year sequence of further education. Both NISE and most of the colleges of education offer this level of training. Part-time studies are also available and are organized as evening and weekend classes, often combined with a summer course. About 15% of the teachers in the basic school have completed this first level of special education training. In the upper secondary school, about 7% of the teachers have had such training, and over 60% express a need for further education.

Training at this level gives teachers a general introduction to special education. Areas examined include:

- Goals, and the organizational and financial framework of special education in Norway;
- The pedagogical-psychological and social services, facilities for culture, sports and leisure, an introduction to factors contributing to disability, learning disorders, social and emotional problems, physical, mental, and sensory handicaps;
- Developmental psychology and theories of learning;
- Observation and assessment;
- Special educational methods in relation to nursery, primary, and secondary education;
- The use of art, crafts, drama, movement, music, children's literature, and physical education;
- The use of computer technology with children, young people, and adults with handicaps as a tool for learning.

In response to the needs of teachers in upper secondary schools, a multi-media course, "Further Training in Special Education," has been developed. Its purpose is to provide an introduction in special education, serve as a starting point for school-based inservice training, and motivate teachers in their daily work. Instruction is 40 hours, with 40 additional hours of private study and practical/theoretical experience. This is part of a plan to offer training in special education through the use of modules.

The second level of special education training builds upon level one training, and is a one-year professionally-oriented course which emphasizes the practical aspects, problems, and methods associated with one particular area of disability (i.e., learning disabilities, hearing impairment, physical handicap, speech and communication disorders, multi-handicaps, deaf-blind and autism, visual handicaps, social and emotional problems, or special education for immigrants' children). In addition, level 2 training may also include more general problems concerning assessment, observation, the development of educational programs for handicapped children, adaptive education, counseling, and preventive programs.

Students who have completed level 2 or any equivalent course of study may apply for admission to a third or fourth level, consisting of 2 or 2-1/2 years of study which leads to a higher degree roughly equivalent to a Master's degree. Students completing these studies are equipped with a general knowledge of social science research methods and basic skills pertinent for research in special education. Doctoral programs consist of scientific study over a 3-year period: 2 years of concentration on the dissertation and 1 year of course work on scientific methods related to different areas of special education.

The Halden College of Education is one institution of higher education with a main function of preparing teachers in regular education. It also offers "level 1" and "level 2" certification programs in special education. One of the Halden's objectives is to give teachers a dual perspective on individual children and the environmental or ecological systems within which they live. Curricular goals include:

- Teaching children, young people, and adults who have learning and/or behavior problems;

- Analyzing, developing, and organizing, the learning environment in kindergarten and school with the aim to secure the most appropriate educational program;
- Developing in the students attitudes and skills in a way that will build up their ability to provide help to and communication with children, young people, and adults with handicaps and their parents and co-workers, and to offer guidance and counseling on a preventive and remedial basis.

At the Halden College of Education, a special teacher training program is organized as evening (4-hour sessions which meet 2 evenings weekly) and weekend courses over a two-year period. The students are pre-school, basic school, and upper secondary school teachers.

A part-time teacher training program has both advantages and disadvantages compared to full-time study. Students miss the social milieu of full-time study and, perhaps, the possibility of studying problems in depth. On the other hand, an inservice model for further education helps to build the competence of teachers on the job. All students develop a program for one of their pupils. They assess the child through observations and/or test, set up a long-range goal and short-term objectives for a time period of one-half year, develop methods and conditions of learning, arrange for the involvement of interdisciplinary team members, and evaluate program success. Both the process and outcome of the program are described in a written report. Later in their studies, students follow up on a problem derived from this first program and design a comprehensive innovation or a research project which is to draw from a combination of learning theories. Special emphasis is placed on social learning theory to promote student understanding of Norway's model plan and the principle of adjusted education as a reflection of strong humanistic values, a belief that people are responsible, active, creative individuals with enormous potential for development.

CHALLENGES IN SPECIAL TEACHER PREPARATION

The demands on special education in Norway's future will be many. Special education is now provided and administered locally. There is a great need for guidance and counseling with special needs students. There is a need for interdisciplinary services and cooperation among services in order to address the needs of the "total child" and attend to the child's academic, social, emotional, and physical aspects. The special teacher will be the "expert" in setting goals and adapting the learning process for individual children.

It is important that teachers develop competence to analyze socio-cultural and economic factors which foster handicapping conditions; that they assess, set goals, and devise programs which maximize the development of handicapped people. The challenge to the universities and colleges of education is to lead all new teachers in this direction, especially to enhance the ability of special teachers to influence the integration policy.

INTERNATIONAL ADVOCACY TO DEVELOP INTERNATIONAL SCHOOL SPECIAL EDUCATION OPPORTUNITIES

by
Patricia L. Jonietz

INTRODUCTION

During recent years in most developed countries, the growth of multinational organizations and international business has increased the mobility of many families. It is not unusual for an employee from Nation A to live in Nation B while working for a company headquartered in Nation C. While there are usually a variety of educational options: boarding schools in the home country: national schools in the country of residence; private international schools in the country of residence, some parents of children with special needs have fewer options. Even in the developed world, boarding schools for special needs are few, highly competitive for entry, and expensive. In many developing countries, special education is not an option, and even regular education may not be a priority for the fragile economy. The many private English-language international schools may not have identified the local population or sought funding to support a special education programme. So, parents of special needs children may have to restrict their employment opportunities and career advancement chances because of special educational requirements. A few families may risk moving to a new country and, upon arrival, work out solutions to special education problems. Yet, the development of educational opportunities and integration may depend on an extension of parental advocacy.

ADVOCACY

In Europe and North America, national advocacy programmes increased during the 1980s because changes in national attitudes and law increased awareness of the importance of personal autonomy and personal self-government (Ballard, 1987; Carson, 1988; Cooperstown, 1986; Fox, 1987; Hansen, 1987; Hartwell-Meyers, 1978; PACER, 1981; Russell, 1983). Parents lobbied to secure for their children the freedom to make personal choices, the right to assert personal opinion, and the opportunity to increase personal responsibility.

In an international community, advocacy has additional importance and additional complications. First, international families may not speak fluently either the instructional language of the local school or the environmental language of the community. Native speakers of English may find programmes for the deaf in Germany, but taught in German. Non-native speakers of English may find a special needs class in an international school, but taught in English. Second, international parents may come from cultural backgrounds that do not encourage advocacy. These parents may not expect their children to have educational rights or may not know how to stand up and publicly assert their opinion or needs. Third, parents of handicapped children need opportunities for emotional support and exchange of information with others in similar situations, but in international locations, they are removed from their families, extended support networks, and maternal language services. Fourth, parents, students, and teachers can gain from having an open forum to discuss their related ideas and emotions. Although the national school forum may include multicultural or multilingual parents and students, the international school forum includes parents, students, and teachers who discuss ideas and emotions across many cultures, languages, and nationalities. Thus, the international experience is an amalgam of cultures blended through an acculturation to the international location.

DEFINING INTERNATIONAL ADVOCACY

National experts suggest that education advocacy is both an active process in which an individual defends or generally supports the rights of another with a special and personal need for help, and it is also an increase in self-advocacy through the empowerment of the one needing help (Anderson, 1982; Beazley-Richards, 1988; De Leon, 1990; Hooevar, 1979; Moore, 1989; and Pasenella, 1977). Advocacy skills appear in the receptive and expressive areas of communication: reading, listening, speaking, and writing. These skills complicate international advocacy because of mixing the participants' maternal languages and cultural experiences with the local language and cultural experience.

RESEARCH METHODOLOGY

The purpose of the data collection is to compare national and international advocacy, to define international advocacy, and to identify any similarities or differences between national and international advocacy. Multiple triangulation was the research strategy selected to collect and collaborate reliable and valid data from representative respondents (Keeves, 1988). Triangulation is an attempt to overcome the restrictions implied by one method or group of respondents, and uses multiple strategies to achieve greater objectivity (Denzin, 1978). The multiple methods combined interviews with teacher, counselor, and parent advocates with questionnaires to advocacy groups/organizations. The multiple sources included English-speaking self-advocates, advocates, volunteers, professionals, parents, and administrators from nationally-based advocacy groups (consumer, political, and legal) and international educational advocacy groups. The multiple locations were England, continental Europe, and the United States.

SUMMARY OF DATA COLLECTION

Ten interviews were requested and completed. Seventy-five questionnaires were distributed equally in England, continental

28 BEST COPY AVAILABLE

Europe and the United States. Thirty-seven percent of the questionnaires were returned (England 44%, Europe 40%, and US 28%). The maternal language of most respondents was English, and the maternal language of one respondent was Dutch. Since some respondents were binational, they were asked to identify their first/maternal nationality (American 32%, English/Scottish/Irish 63%, and other 5%).

Data collection covered four topics: personal background, experience with advocacy, personal definition of advocacy, and identification of advocacy activities. The semi-structured interview was guided by a series of probes to develop four topics. The questionnaire contained both selected response (choose from several possible responses that define or restrict the possible choices) and constructed response items (present a question and generate an original answer) (Herman, 1984).

INTERNATIONAL RESPONDENTS

The respondents, though primarily US or UK citizens, were not typical representatives of their national groups because most had lived outside their native countries for many years. A successively mobile respondent said, "One child was born in Germany, lived in the US, Belgium, and Holland. My other child was born in the US and is growing up in Belgium. They don't know my homeland like I do." Some respondents were involved in multinational families: "A German man married to an Italian woman with children born in Strasbourg going to school in Brussels." Although most respondents identified English as their maternal language, they were not asked about current or previous working or environmental languages.

The group chosen to represent the effect of special education advocacy in the international community was Brussels Support for the Handicapped. BRUSH was begun by families in the early 1980s after a local international school opened a special education unit with English-language physical, educational, and behavioral services. The International School of Brussels served any child of handicap who, after individual assessment, could be determined to benefit from some integration (however small) with the regular school programme. The superintendent enrolled children of different disabilities (except for children with serious emotional problems) who had some communication potential in English and could mix with the other students. BRUSH offered membership to anyone interested in the problems of the identified handicapped community (Down's syndrome, dyslexia/learning disabilities, neurological impairment, cerebral palsy, and deafness).

The original BRUSH members possessed a variety of personal experiences, but they had certain qualities necessary for their project. One mother remembered them as "self-motivated, risk-takers who were unafraid to speak up and share with one another." Another parent said they could "sort themselves out and were interested in problem solving." The urgency of developing a forum for sharing their mutual problems and experiences was explained by one parent: "I had asked for my kids to be admitted to one local school, and they were turned down. The administrators said, 'Absolutely no!' straight away. I was told that the best thing to do was to send the children away. I think that if BRUSH had been behind me at that stage we could have probably got them in. That is what BRUSH can now do: listen and speak to organizations with stature and say, 'Deal with us'."

Opinions of the qualities evident in the original group (openness, flexibility, recognition of differences, and a determination to solve problems) received support from a Brussels-based psychologist who suggested that expatriate people can develop "a special kind of social psychology because they are not immediately part of the local group and have a history of moving from one country to another." Another Brussels-based counselor proposed that successive moving encourages openness because "although problems on the surface seem the same, if the people come from different cultures, then the problems are different." The history of BRUSH and the comments from the respondents indicate that the efficacy of national advocacy depend on the cultural experience of a single nation, but international advocacy depends on the cultural, linguistic, and experiential differences of many nations.

DATA ANALYSIS

Consensus in the data was apparent when 50% or more of informants selected a response, and when comments from the interviews illustrated the questionnaire responses. One unexpected issue appeared in the UK data: respondents expressed strong concerns for or about privacy. One UK respondent offered an explanation: "This country has a very adversarial political system. The party in power represents the status quo and controls the resources, and any implied or real criticism is automatically a reflection of the opposition. That is the nature of politics in this country." If comments from these individuals reflect a valid state of events, there may be some unexpected restrictions on large scale data collection for research in England.

OBJECTIVE: A Definition Of International Advocacy

The consensus of the respondents was that all children have the same rights to education to achieve their individual potential; special needs children and parents have extra need for instruction in self-advocacy and advocacy training to learn about rights/responsibilities as defined in local law; advocacy will not lead to segregation of special needs children from the local community; and advocacy will encourage greater integration of special needs children into the local community. Respondents ranked advocacy programmes first for family members and parents (86%); second for related professionals (77%); third for teachers and children (72%); and fourth for administrators (68%). There was some confusion on whether a definition of advocacy was nationally based. Almost half the respondents (45%) said they could not decide whether advocacy skills are universally taught and almost as many (40%) said they are not. International advocacy was defined as an active and constructive process using negotiation and communication to help parents and teachers to develop support and services for children and families, to speak and write in support of a cause, and to increase meaningful participation in educational programmes.

OBJECTIVE: Similarities Between National And International Advocacy Groups

Respondents defined "meaningful participation" by ranking traditional advocacy activities:

ACTIVITY	RANK	% OF RESPONDENTS
Collaborate between parents and teachers	1	95
Integrate home and school activities	2	90
Recognize and use parental expertise	3	86
Negotiate services or policies	3	86
Publicize acceptance, understanding of		

individual differences in local community	4	81
Encourage parents/students in goal setting	4	81
Distribute information on program/service	4	81
Lobby for legislative/administrative policy change	5	77
Coordinate resources	6	72
Develop community education programmes	6	72
Meet others having similar problems	7	68
Develop community material/network	8	59
Write about local issues	9	50
Speak at public meetings about local issues	9	50
Take legal action	9	50

These community-based actions are often difficult to accomplish in an international location, e.g., the tasks ranked in ninth place imply in Brussels both the use of English and the local languages, French and Flemish. Taking legal action or seeking the protection of local law may not be an international option because international residents may not be covered by local laws on admission to or financing of local services.

Respondents were asked to scale activities described as "culturally risky" because they exposed the individual to the chance of criticism or humiliation, to exposure of personal problems, to loss of self-esteem, or to challenge of reputation or credibility. Consensus on international activities was present when 50% or more of respondents using a five-part scale described an activity as "very comfortable/comfortable."

ACTIVITY	% OF RESPONDENTS
I. Non-Threatening Activities	
Listening to others	86
Following through on plans	86
Accepting praise for you or your child	86
II. Quietly aggressive	
Learning your rights	86
Seeking information	86
Taking notes in conferences	77
Observing in the classroom	77
Reviewing school records	77
Integrating into the community	77
III. Aggressive	
Communicating your need	81
Defending your personal opinion	81
Recommending your ideas to professionals	72
Making phone calls about an issue	68
Confronting others	
Very comfortable/comfortable	45
Neutral	9
Uncomfortable/Very uncomfortable	36
IV. Threatening/Loss of face, dignity	
Accepting help for the child	90
Admitting you do not know something	90
Admitting you made a mistake	81
Describing a child's negative behavior	77
Involving friends in the child's need	72
Discussing a need for personal therapy	59
Talking about your problems in public	54
Displaying your emotions	50
Suggesting a professional made a mistake	
Very comfortable/comfortable	36
Neutral	27
Uncomfortable/Very uncomfortable	27

Although there seems to be a consensus, two options received no consensus. In Group III, respondents found it acceptable to "recommend" but not to "confront", while in Group IV, respondents found it acceptable to admit "you" made a mistake but not to tell a "professional" that s/he made a mistake. Perhaps, the issue lies in the wording of the statement. The words "confront" and "mistake" were chosen to probe the suggested adversarial nature of international advocacy: whether advocacy can be used only in a legal or hostile relationship. The responses indicate that the international community develops attitudes to decrease confrontation and learns that it is normal to make "mistakes" in receiving or expressing information from different cultural experiences and languages.

Consider these occasions for "confrontation" or "mistake":

- Is the assessment report prepared by a female special education teacher considered valid by a Saudi Arabian father?
- Does the head nodding of the Indian parent really show agreement and linguistic understanding, or politeness and confusion?
- Can "academic deficit" or "psycho-educational assessment" be translated into Japanese?
- When given permission to use a first name, why do German parents insist on using a title?

These are only a few of the examples of the complexities of international communication. A Brussels-based psychologist counseled that, for international communication, one must "be open to different cultures, raise personal sensitivity levels, read about history, take risks, and be daring." Because of differences in native culture (political, religious, educational, and attitudinal) and maternal language (listening, vocabulary, cognitive processing), participation in and description of international advocacy may be difficult for some.

OBJECTIVE: Differences Between National And International Advocacy Groups

Some unexpected issues illustrating distinctions between national and international groups deserve further exploration. First, there seemed to be cultural confusion over the nature of advocacy. Some UK respondents (including one from a national advocacy organization) said they did not understand "advocacy" or see its relationship to their activities. Could this mean that "advocacy" rests on a national experience and context? Why do some respondents who have lived outside their national countries for many years reflect a national vocabulary and experience? Does advocacy represent the way children are taught about how to behave in their national political process? Does one style of government teach citizens to take care of their personal needs and solve personal problems? Does another government teach citizens to follow the government's plan and let the government solve problems?

A European psychologist suggested that advocacy is a culturally-defined word illustrated by the subtle distinction between British self-help and American advocacy groups. Although both seem to serve the same purpose, he thinks "Britain is quite rich in self-help groups who see themselves as precisely that: providing help. Americans would see advocacy essentially as a legal service taking the needs of an individual and looking at the legal implications or legal means of pursuing those needs." This distinction in

vocabulary will affect the development of advocacy in international locations.

The second issue appeared in defining international as a mix of cultural, linguistic, and national experiences. The Community Help Service (CHS) in Brussels offers English-language professional counseling for emotional, marital, and learning problems, as well as a 24-hour information crises phone line, to a possible client base of over 30,000. The CHS director described the local international community as "a group of people trying to set up a way of doing things in a particular local and national setting. The local national conditions and the native nation mix." International advocacy experience developed from a blend of the original, the previous, and the current culture, language, and nationality.

The third issue, successive mobility, is evident because international families frequently change cultures, languages, and national residence. A BRUSH parent described living internationally as "being subjected to more change and more frequent change. For many international children, change is the norm." Another BRUSH parent counseled "Look at the frequency with which people and friends come and go. You can be sure that the moment there is a family that you get on really well with (you can even swap kids frequently), they will be transferred to the Orient." Current research shows that even moving from one side of a small town to another is a crisis time for any family and produces a loss of community roots, geographic security, and personal relationships. The culture shock must increase when a member of the family has a specific health, emotional, or educational problem,and must change country and language (Jonietz, 1988). Frequent change means the loss of the family support system and explains the BRUSH image as "an extended family and a listening ear." A BRUSH parent also linked an increase in advocacy activities to mobility because "People arrive from towns where there are active local organizations and say, 'Well, what is here?' and assume that something should be here."

CONCLUSION

International families are subject to frequent moves that may cause changes in their national enculturation because of acculturation to the international community. Although advocacy may seem to have a universal definition, it reflects the development of national advocacy in both the native and local community. Some advocacy activities, though unacceptable or unknown in native cultures, can lead to better programme alternatives for students. These activities must be defined and taught in the international location with sensitivity to the native cultures and languages. Advocacy skills revolve around communication, but there may be a discrepancy between the maternal language of the international advocate and the environmental language of the advocacy. The BRUSH experience suggests that the development of international advocacy can accelerate the integration of special needs children in the international community; however, international advocates must learn to look across national culture to international culture, across maternal language to environmental language, and across national education to international education.

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DEVELOPMENT OF SPECIAL EDUCATION IN THE ISLAMIC REPUBLIC OF IRAN

by
Dr. G. Ali. Afrooz

DEMOGRAPHIC AND SOCIO-ECONOMIC BACKGROUND

Among Middle Eastern countries, Iran is a unique Muslim country in many different ways. Geographically, Iran is a mountainous plateau, with an area of 1,648,195 square kilometers. It is bordered on the north by the Soviet Union and the Caspian Sea, on the east by Pakistan and Afghanistan, on the south by the Persian Gulf and the Gulf of Oman, and on the west by Turkey and Iraq.

In 1987, the population of Iran was 48,089,597 with a 3.2% annual rate of growth. Nearly one-half of the population lives in the rural areas in more than 60,000 villages. The majority of the population is very young. The age breakdown of the population demonstrates that close to 64% are below 14 years of age. The birth rate figure per thousand is 41.2 and the death rate is 11.2 per thousand (Statistic Center of Iran, 1987).

The official language is Farsi (Persian), but different languages and dialects, like Turkish, Kurdish, and Arabic, are spoken in various parts of the country. More than 98.6% of Iranians are Muslim. There are a few minority religious groups within the country, including Christian, Jewish, and Zoroastrians.

The Islamic Revolution of 1979, which was led by the late Imam Khomeini, overthrew the centuries-old monarchy in Iran. In a referendum taken months after the revolution, the public approved the establishment of an Islamic Republic. According to the new constitution, all institutions, as well as all economic and social policies, are to be based on Islamic criteria. The constitution also vests the supreme leadership in the "Vali-e-Faghih," the leading theological, spiritual, and political person the country, with wide powers over the executive, legislative, and judicial branches of the government. The supreme leader commands the military forces, appoints the highest judicial authorities, and the six clerical members of the 12-member Council of Guardians. The council reviews all bills passed by the Islamic Consultative Assembly to determine both their constitutionality and their conformity to Islam. The legislative power (Majles) has 270 members who are popularly elected to four-year terms. Next in rank to the leader is the president, who is chief of the executive power. The president is elected for a four-year term by direct general ballot.

Following the Islamic Revolution in Iran and the establishment of the Islamic Republic on September 22, 1980, Iraqi armed forces crossed the border and invaded Iran in what was the start of the internationally-known prolonged war. As a result, hundreds of thousands of houses, schools, factories, hospitals, and medical centers were destroyed, and hundreds of thousands of civilians, including both children and adults, were killed or seriously injured. Many of the seriously injured individuals became physically disabled.

The management of the economy under the Islamic Republic is subject to Islamic criteria, as determined by the Council of Guardians. The Constitution of 1979 establishes specific guidelines for the administration of the nation's economic and financial affairs. The ultimate goals are economic independence, full employment, and a comfortable standard of living.

In addition to the government's mandatory taxes, Islamic alms-fees (Zakat and Khoms) are paid by devoted Muslims on a voluntary basis to highly respected, spiritual clergies to be used in charitable causes.[1]

Although the Iranian economy is primarily agrarian, oil, natural gas, and some other minerals are the most important of Iran's natural resources. Carpet weaving and miniature painting are the best known Iranian art forms, but not the only ones.

EDUCATION

For centuries, the Mosques have served Iranians, not only as places of worship, but also as centers of learning. Affiliated with most Mosques were religious schools (Maktabs), supported by individual philanthropy or by religious foundations. The curriculum consisted of the scriptures, logic, ethics, Arabic language, literature, and mathematics. This traditional system of education was gradually (although never completely) displaced by a system of state education. In the nineteenth century, Iran began to adopt the French educational system. In 1851, a polytechnic college, Darol-funun, was founded in Tehran. In the 1920s, this college became a typical secondary school. By 1943, compulsory education through the sixth grade had been established. Starting from the 1966-67 academic year, a new pattern of education was introduced in Iran.

Following the 1979 Islamic Revolution, the Islamic Republic of Iran emphasized the moral training of the individual in school and society, and initiated reform in the entire educational system. Public school education and curriculum development has received much attention over the last decade. Particular importance has been attached to the relationship between education and work.

The ultimate goal of the Islamic government is to furnish universal and free schooling for all the school age population, including exceptional children. This goal is clearly stated in principle 30 of the Constitution which says: "The government must provide means of free education for all people until the completion of secondary schooling. With respect to higher studies, they shall be provided gratis to the extent that the self-sufficiency of the country is met."

The public school system is controlled by the Ministry of Education. At present in Iran, 12 years of schooling (five years elementary, three years guidance, and four years secondary school) leads to a diploma. Preschool is not yet compulsory and typically takes place both in government and private institutions for about

two years. Primary school begins at the age of six and lasts five years. This leads to a guidance course lasting three years. During this three-year cycle, students are exposed to different subjects, and receive educational and psychological counseling. After that, students, based on their final examination scores and personal interest, are expected to decide upon their future occupation or academic pursuits. Secondary education lasts 4 years and is divided into two main tracks, academic and technical-vocational. The administration of all final examinations in each cycle is centralized and confined to the board of examination within the Ministry of Education. In 1969, a separate Ministry of Science and Higher Education was established to be responsible for higher education and research institutes.

According to the Ministry of Education's latest report, in the 1989-90 scholastic year, 13,046,358 pupils were enrolled in 77,659 public schools (Statistic Bureau of Ministry of Education, July, 1989).

During recent years, with considerable effort and relatively successful comprehensive plans for reducing adult illiteracy (pursuant to the census taken in October, 1986), the illiteracy rate has been reduced from 52.5% in 1977 (Statistic Center of Iran, 1978) to 38%.

Education (including special education) in Iran has been financed predominantly by the government. In addition, local communities, religious organizations, individual philanthropy, and clergies have actively participated in national campaigns to provide school facilities and eradicate illiteracy.

PUBLIC HEALTH AND THE HANDICAPPED

The high rate of population growth over the past ten years has created major problems in providing free education and adequate health facilities for everyone. According to the statistical yearbook (UNESCO, 1986), the standard of living is appreciably rising. Health facilities have expanded rapidly over the past ten years, with an emphasis on providing services to the rural regions; however, these services are still very far from adequate. There is a considerable shortage of hospitals, medical supplies, and trained manpower, especially in rural areas. One of the major problems in providing medical services is the uneven distribution of doctors. The main objective of the Ministry of Health is to provide free and comprehensive health services to all the people. At present, all government employees and industrial and commercial workers are receiving free medical services, disability, and retirement benefits. All school age children, including exceptional children, are covered by special medical insurance through the Ministry of Education.

In cities, a purified water supply is piped into the houses, but many villages rely on wells, springs, or rivers for their water. As a result, health conditions in rural areas often are unsatisfactory. In many cases, due to unsanitary conditions, a low level of health care, and malnutrition, some contagious childhood diseases are prevalent. Infant mortality is still a serious problem, and it is higher in the villages. According to the 1986 report of the Ministry of Health, the infant mortality rate in 1976 was 112 per thousand. By 1985, this rate had been reduced to 70 per thousand.

Some specific or major causes of handicapping conditions among Iranian children are noticeable. These include genetic and maternal problems, malnutrition, and preventable infectious and childhood diseases such as rubella, meningitis, encephalitis, anoxia, poor and undeveloped environment, and cultural deprivation. Trachoma is a leading cause of blindness in many rural areas, where people are suffering from lack of sanitary water and adequate health services.[2]

During the prolonged war with Iraq, air bombardment, missiles, and chemical attacks resulted in more than a hundred thousand people becoming handicapped. In addition, this stressful situation contributed to very low birth weight babies. Many babies who survived are suffering from mental or physical disabilities.

In developing countries like Iran, where there is no system of formal identification of children with special needs at early stages or at the age of entering school, it is very difficult to provide accurate estimates of the incidence of handicapped children. Nevertheless, based on different research reports given by the Statistical Center of Iran (1987), the Department of Special Education (1989), the Welfare Organization (1989), and case studies (Afrooz, 1988), it is estimated that close to 10% of all school age children have special needs (see Table 1). This estimate does not include learning disabilities and speech impairment.

TABLE 1

Estimated Incidence of Handicapped Children in Iran

Handicap	% of School Age Children
Mentally retarded	2.3
Blind/visually impaired	1.5
Deaf/hard of hearing	1.5
Physically handicapped	1.2
Emotionally disturbed	2.0
Multihandicapped/other	1.0
Total	9.5

SERVICES FOR SPECIAL NEEDS CHILDREN

In Islamic culture, handicapped individuals enjoy protective attention in the society. The Prophet Mohammad has declared that "serving handicapped individuals is like to be in the service of God's prophets." Based on such encouraging teachings of Islam, Iranians in general, and religious Iranians in particular, have very positive and supportive attitudes toward handicapped people. Active involvement in voluntary organizations in order to help handicapped children is believed to be the blessing of God and a social honor in an Islamic society. But for many reasons, such as the lack of appropriate awareness of the public about handicapped individuals' potential abilities, misconceptions about mental retardation, and lack of governmental provisions and facilities for the handicapped, there was not any type of formal or systematic special education programs until the early 20th century.

In the 1920s, the first non-government-sponsored institution for deaf children was established in Tehran by Jabbar Baghcheban (1885-1966), the Iranian pioneer in education for the deaf. With the assistance of Ernest Christofel, a German priest, the first school for the blind was founded in Tabriz in the northeast of the country, also in the 1920s. Following these very important and historic events in the field of special education, many other special schools and residential provisions were established by religious and conscientious groups or individuals throughout the country. The first residential school for blind children was established in Tehran by the Ministry of Education in 1955, and a residential rehabilitation center for severely mentally retarded children was inaugurated by the Ministry of Health north of Tehran in 1958.

In 1968, the Ministry of Education formed a new Special Education Department, officially assuming the responsibility for the education of students with special needs. The main objective of the Special Education Department was to discern, select, and place educable exceptional children (blind, deaf, emotionally disturbed, and mentally retarded) in special classes or schools. In order to reach its objectives, many new special schools were to be established in various parts of the country. However, by 1978, after about ten years of work, only 8,000 special students were served by this Special Education Department, and were attending special schools or classes. A shortage of trained teachers, insufficient facilities, and lack of necessary public awareness about the effectiveness of the special education programs were the main problems.

Since the Islamic Revolution (1979), educational authorities have tried to be more concerned about the education of exceptional children. Consequently, a considerable number of special schools have been built and special education teacher training has received more attention. According to the latest statistical reports on the 1989-90 scholastic year, 29,127 students were enrolled in 449 special schools and attending 3,408 classes throughout the country. Recently (December, 1989), the parliament passed a bill authorizing the Ministry of Education to reorganize its special education unit and to establish a more comprehensive and effective special education delivery system. Based on this authorization, the new Organization of Special Education, affiliated with the Ministry of Education, was established with a larger budget and higher administrative powers.

In addition to the Organization of Special Education, different types of services for the handicapped are provided through the Welfare Organization, one of the main branches of the Ministry of Health. This Welfare Organization is responsible for providing adoption and foster care for orphan handicapped and non-handicapped children, aid to families with dependent and severely disabled children, and protective and rehabilitation services for those handicapped children and adults who are not covered by special education programs due to their ages or severity of their handicaps.

SPECIAL TEACHER TRAINING PROGRAMS

The first special education department to train special education teachers in Iran was established in 1968. Short-term, extensive courses (120-180 hours for 8-16 weeks) were designed as a pre-service teacher training program for regular classroom teachers who were willing to work with exceptional children. In addition to regular school teachers, all other qualified and interested college-educated or high school graduates were admitted to the program. These types of pre-service or extensive in-service special education teacher training courses are the main channels of teacher preparation for the rapidly-expanding regular and special schools in Iran, especially for the small towns and rural areas.

In 1976-77, the Department of Special Education planned a one-year special education teacher training program for special schools serving blind, deaf, emotionally disturbed, and mentally retarded students. In the 1980s, the one-year certificate program was changed and extended to a two-year degree program leading to an associate degree in special education.

Today, there are two main residential special education teacher training centers (one for males and one for females) in Tehran, under the supervision and responsibility of the Ministry of Education. During two years or four semesters, students take 90 credit hours in literature, ethics, the arts, and hygiene, as well as general and special education, including a teaching practicum in their field of study. Following successful completion of this program, students are granted an associate degree and are assigned to teach at special schools throughout the country. It should be mentioned that special school teachers receive 20% more salary than regular teachers.

In 1982, the author proposed a four-year special education program at the College of Education, University of Tehran. Within one or two years, more than ten other universities were also prepared to offer this undergraduate special education personnel training program. At present, more than 500 students are working on their Bachelor degrees in special education. Most of them major in mental retardation, the largest area in special education in Iran with one-half of all special schools allocated for this purpose.

In addition to the above mentioned programs, our first graduate program (Master's degree) in the area of mental retardation was inaugurated at the College of Education at Tehran University in 1986-87. Apparently, this is the only graduate program in special education personnel training available in the Middle East.

During the last ten years, more than 50 basic textbooks in special education were written or translated into Farsi by interested faculty members. Of course, many other major textbooks and a few special education journals in English are being made available for faculty members and graduate students through college libraries.

SPECIAL SCHOOLS

Special schools and clinical services are provided to students free of charge. Special schools and special classes within the regular school setting provide programs in the following four areas: deafness, blindness, emotional disturbance, and mental retardation. Up to the present, except in some special cases, there is no official classification of learning disabled children due to the absence of a practical definition. In some cases, learning disabled children may have been identified as slow learners or mentally retarded. There also are no special schools or classes for children with speech impairments, even though they may have been identified as such. Some special schools or institutions in major cities provide special services like physical therapy, speech therapy, rehabilitation, and vocational therapy. Usually, these special services are available for special students referred by other schools.

Generally, the average number of students in a special school is about 7-9 students per class. Most special schools have a playground and a media center. A few larger schools for mentally retarded students have sheltered workshops. Normal special school hours are from 8-12 AM. In most special schools, students receive free snacks. Transportation is usually provided through special school parent-teachers associations and/or with the financial support of individual philanthropy or religious organizations working for the cause of handicapped children.

As far as curriculum is concerned, all subjects studied in special schools (with few exceptions for mentally retarded students) correspond to those of regular schools. Books and some teaching aids are provided by the Ministry of Education for all regular and special schools throughout the country. In very recent years, a few special textbooks have been prepared for the use of students who are educable mentally retarded.

Emphasis on vocational education is mainly at the secondary levels, in order to help handicapped students acquire work habits as well as general and some specific vocational skills. Unemployment among disabled individuals is very rare. This is due to the fact that vocational training for handicapped students at the secondary level

has been very effective, and many governmental and private institutions and factories with sympathetic and protective attitudes are willing to offer appropriate jobs for the handicapped. Each year, a considerable number of physically disabled and blind (and a few deaf) high school graduates have been able to enter universities by passing the national and very competitive university placement examination.

PROBLEMS AND NEEDS

Special education is a relatively new type of educational program in most developing countries. To reach the ultimate objective of providing educational provisions for all exceptional children, these countries are facing considerable challenges. In fact, the population size, high birth rate, geographic distribution, and socio-economic conditions are major factors in the conduct of schooling for all school age children in general and for the students with special needs in particular. At present, less than 1% of the regular school population in Iran and many other countries in the region, are enrolled in any type of special education program or services. This indicates that the vast majority of exceptional children are not receiving appropriate educational services. In most cases, a large number of identified or non-identified students with special needs in small towns or villages are somehow placed and struggle in regular schools in order to have access to some kind of education. In other words, mainstreaming is not only a method of educational preference in special education, as it is in the United States, but self-mainstreaming or integration of handicapped children by their families in local regular schools is often the only alternative for exceptional children which is practiced widely and individually.

Without doubt, there are still considerable numbers of educable or trainable handicapped individuals in underdeveloped parts of the country who are not receiving any kind of formal education at all. Instead, in the rural areas, small towns, and villages where life patterns are not so complicated, social demands are simpler, and most jobs do not require specific skills, physically handicapped, blind, deaf, mildly and moderately retarded individuals can work on routine jobs and are mainstreamed in their local communities without considerable social or vocational problems.

Today, a large proportion of the special school population in their first year of school consists of those who have been in regular classes for periods of time. Because of continuous failure in school achievement, they have been referred to the Department of Special Education for special school placement.

One of the most important problems in special education is the issue of early identification and screening of all school age children. In this regard, the lack of appropriate culture-free intelligence tests has been a problem; however, the shortage of trained personnel in special education and educational psychology within the school setting is an even greater problem to providing special services.

At present, the most important and very serious problem in special education which the Iranian government and educational authorities are concerned with is providing schooling for all identified exceptional children from pre-school through secondary school throughout the country. In this regard, lack of sufficient special school facilities and a shortage of special education teachers ar the main matters of concern. A step taken by the parliament in December, 1989, in regard to improving special education administrative efficiency is a hopeful sign of future development in special education.

Improving special education personnel preparation at all levels, early identification of exceptional children, developing cooperative relations between regular and special school systems for integration and preplanned mainstreaming, expanding public health facilities and services, and establishment of genetic counseling centers throughout the country in order to prevent or minimize handicapping conditions as much as possible, especially in rural areas, are some of the important issues that must be addressed in the near future. Of course, hope for providing comprehensive educational services for all potential regular or special students lies on the country's socio-economic conditions and the hard work of its sincere educational authorities.

NOTES:

[1] There are many nonprofit institutions working for the cause of handicapped children, which have been receiving financial aid from such charitable alms-fees.

[2] Unlike many modern societies, factors like alcohol and drug abuse, teenage pregnancy, venereal diseases, etc. are relatively unimportant in looking at causes of handicaps in Iran.

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SPECIAL EDUCATION IN CHINA

by
Aaron Armfield

TYPICAL DAY

Zhang Li, age 9, gets up at 7:30 AM. After dressing herself and washing her face and hands, she has breakfast with her parents. At about 8:00 AM, Zhang Li goes to school, riding on the back of the bicycle that is being pedaled by her father. She is carrying her books and homework in her backpack, and she grasps her father tightly because he must hurry, riding his bicycle to work after he leaves her at school.

Zhang Li attends a special school for mildly retarded students in Jinan. Jinan, the capital city of the Shandong Province, is located about 250 miles east of Beijing. There are 14 students in Zhang Li's class, a typical size for such a school. The school is some distance from her home, so her father must take her every day. This is her second year in a primary school, but it is the first year in the special school. After kindergarten, she started first grade in the school very near her home, but she couldn't keep up with her classmates. After many conferences between her parents and her teacher, she was assigned to the special school.

Zhang Li has her first class, math, at 8:30 AM and it lasts 35 minutes. In the middle of the class, 5 minutes are given to the students to sing a song for a break. After her first class, Zhang Li has ten minutes of free time to play outside with her classmates. Reading begins at 9:15 AM. It also lasts 35 minutes and has 5 minutes for a break in the middle. From 9:50 AM to 10:20 AM, she and her classmates do group physical exercises and eye exercises to the accompaniment of music. Writing begins at 10:20 AM and is finished at 10:55 AM. Zhang Li is one of the students who stays at the school for lunch at 11:30 AM. After lunch, she will begin her nap at about noon and be awakened at about 1:30 PM for her first afternoon class.

Many of Zhang Li's classmates are picked up by a grandparent or a parent at 11:00 AM to be returned to school just before the first afternoon class, which begins at 2:00 PM. It is a living skills class and lasts until 2:35 PM. After a ten-minute free period, she has an afternoon physical activity class with her classmates. At about 3:50 PM, Zhang Li meets her mother at the school gate and says "Goodby" to her teacher to return home, riding with her mother on the bicycle. Her mother has special permission to leave early from the factory where she works so she can take Zhang Li home from special school. Zhang Li carries books, writing utensils, and homework in her backpack. She'll spend about 20 minutes that evening on her homework with the help of her parents.

SPECIAL EDUCATION CURRICULA

The nine-year general curriculum outline for primary students in special schools for the mentally retarded contains eight areas: (1) daily knowledge: personal health, safety, self care, and related topics; (2) Chinese: language training, composition, reading, and writing; (3) mathematics; (4) physical education; (5) music; (6) art; (7) living (occupational) skills; and (8) activities: once-a-week organized activities that include special interest groups, indoor and outdoor games, field trips, and craft projects. The curriculum for mentally retarded students is similar to that provided for deaf students (Primary Education Division, 1989).

The six-year general curriculum outline for students in special schools for the deaf also contains eight areas. The major difference between the curricula for the deaf and the mentally retarded are that the areas of moral, speech, and vocational training are emphasized more for deaf students. Vocational training for the deaf is primarily concerned with carpentry, sewing, painting, and industrial art. Moral training is included as part of living skills for the mentally retarded. The level of instruction is at a more rapid pace for the deaf. Middle school for deaf students lasts three years.

There are two configurations of primary and middle school combinations for blind students: (1) five years of primary school plus four years of middle school, and (2) six years of primary school plus three years of middle school. The general curriculum outline for students in special schools for the blind contains twelve areas. In addition to the subjects for the deaf and mentally retarded, blind students are taught Braille, natural and social science, manual skills, and adaptive skills. Major emphasis is placed on both massage and knitting as vocational training for blind persons. Massage can be a basis for professional medical work. Training is sometimes offered in printing and telephone switchboard operation.

Mentally retarded students are being served in special schools, in special classes in regular schools, and in regular classes. Provincial and local educational programs are experimenting with including mentally retarded students in regular classes. Providing special classes in a regular school appears to be an accepted practice in some regions.

Educational programs for students classified as mentally retarded have a short history in China. In 1988, the State Education Commission counted 12,286 students with mental retardation being served in 131 special schools and 599 classes. Special schools were serving 42,432 deaf students and 2,899 blind students. There were 382 schools for the deaf, 21 schools for the blind, and 43 schools for the deaf and blind (Primary Education Division, 1989). There has been a major increase of classes for mentally retarded students since 1988. Even so, it is reasonable to speculate that Zhang Li is one of the comparatively few mentally retarded students being served in a special class in China.

PREVALENCE

The Committee of National Sampling Survey of the Handicapped conducted a major survey in 1987 that included all provinces and regions. 420 trained teams, composed of medical doctors, statisticians, and investigators, visited households to sample a population of 1,579,314. The medical members of the teams

followed up with a second visit when a suspected case of disability was found. The percentage of handicaps found, including all ages, were: hearing and speech handicapped 16.79%, mentally retarded 9.65%, physically handicapped 7.16%, vision handicapped 7.16%, mentally ill 1.84%, and multi-handicapped 6.38% (Li, 1989). Applying that percentage to China's population would mean that there would be more than 50 million mentally retarded persons in China.

An analysis of data gathered on children under 14 in eight selected provinces in the survey was made by the State Education Commission and reported by Dalais (1989). For that population, nearly 4% of the families interviewed had a disabled child. Of the children visited at home, 8.7% were referred to a specialist. Following examinations, 2.68% of the children were classified as having a disability. The percentages of incidence reported were: mentally retarded 1.87%, hearing and speech impaired 0.34%, multi-handicapped 0.24%, physically disabled 0.17%, visually impaired 0.05%, and mentally ill 0.0003%. Lowest in the range was 1.7% in Beijing and the highest was 4.34% in the Guangxi Province. One out of ten families in the Guangxi Province was reported to have a child with a disability. Beijing had considerably more human care resources than were available in the Guangxi Province, located in south central China. Differences in applied definition and the use of diagnostic instruments may also have been a factor.

HISTORY

In 1979, an experimental class was begun for mentally retarded children by Yin Chunming, Principal, No. 4 School for the Deaf in Shanghai. Teachers and educational leaders from across China visited the school and started their own. Schools for the deaf and blind had been in existence for more than a century. The first school for the blind was founded in Beijing in 1874 and the first school for the deaf in the Shandong Province in 1877. Both were started by missionaries (Piao, 1991).

By 1946, there were 42 special schools for 2,300 students who were blind, deaf, or nonverbal. Soon after 1949,the government took over all the special schools. In the meantime, classic approaches to responding to the needs of blind and deaf had been adopted. Braille writing, musical instrument performance, and massage were common curriculum subjects for the blind. Sewing for the girls and carpentry for the boys were being taught by instructors using Chinese Sign Language in the schools for the deaf. A change in sign language was made recently to include signs for a Chinese phonetic alphabet to help teach oral expression.

Special schools received official attention during the Cultural Revolution; perhaps it was because such disabilities were thought by some to be partially the product of external corrupting influences. Acupuncture, folk medicines, and the repetition of Mao's sayings were tried as remedies for the loss of sensory abilities. Members of the People's Liberation Army were sent to the schools to share their enlightened viewpoint and to assist in the educational training program.

The experimental class in 1979 for mentally retarded students reflected a major shift in the official Chinese attitude. Zheng Jie Shi (1989), Principal, Chongweng Qu Peizhi Zhongxin Special School, Beijing, suggested that his school had been inaugurated because the Chinese Tourist Bureau had received numerous requests from foreigners to see a "school for the mentally retarded" while there was none to be visited in Beijing. His statement was made partly in jest; however, he made it clear that he believed that the recent development of special education in China had been strongly influenced by foreign special education concerns.

Some special equipment, such as audiometers and tape recorders, were purchased or received as donations by special schools during the early 1980s. By 1990, schools for the blind were using magnification and tape recording to support instruction and encouraging visually impaired students to stay in regular classes. Amplification and speech training were being routinely used in schools for the deaf. The use of individual hearing aids and specific acoustical diagnostic information was still in the process of development.

TEACHER PREPARATION

Students in China begin schooling in kindergarten. They generally enter primary school between the ages of seven to nine years of age, although some may enter at age six. They attend for 6 years before enrolling in middle school. Middle school is divided into two parts: (1) the first three years (basic middle school) and (2) an additional three years (high middle school). High middle school programs offer two choices: regular (college preparatory) and specialized. Specialized middle schools include many vocational and specific training areas.

Special education is one of the specific training areas for advanced middle school. The Nanjing Special Education Middle School, established in 1982, is credited with being the first in China. There are now at least 18 special education middle schools in China, each with approximately 500 students. Entering students must pass the national examination that is given to all students who wish to attend classes beyond the first three years of middle school.

Students attending special education middle school are required to enroll in many specialty courses and regular courses. Regular courses include: Chinese, mathematics, physics, chemistry, physical education, music, handwriting (pen, chalk, and writing brush), and language training. Specialty course content includes: introduction to psychology and special education; education and psychology of mental retardation, hearing impairment, and visual impairment; Braille; and Chinese Sign Language.

The primary method of instruction is classroom lecture, but students go to primary special schools to interview teachers and observe students. They spend about two months practice teaching in a primary special school when they have completed lecture courses. Upon graduation, graduates of a special education middle school are assigned to teach in a class by one of the governmental education agencies in that area.

Many of the regular education middle schools in China have a course on special education. In some provinces, such as in the Shandong Province, a special education course is required in each of the regular education middle schools to help promote inclusion. Due to the shortage of special teachers, some of the graduates of regular education middle schools are placed in special primary schools.

Three Chinese universities have special education majors: Beijing Normal University, Beijing; East China Normal University, Shanghai; and Middle China Normal University, Wuhan. Each university enrolls about 15 special education students every year. Students who wish to enroll in a university must take a national examination when they graduate from a college preparatory high middle school. Students taking a special education major follow a four-year program of study. They cover course topics similar to those taught in a special education middle school, in addition to general education and university requirements. During practice teaching, they spend about two months in a specialized high

middle school giving lectures to students who are preparing to be a primary or a middle school teacher. University students must write a paper which is examined at the finish of the four-year program.

PARENTAL CONCERNS

The concerns and needs of parents of disabled children have not been widely studied in China. The role of authority that is held by teachers and the school, in conjunction with the sparsity of special services, may partially explain the lack of information on family concerns. Parents are, however, participants in the overall activities of special education. Special schools have parent organizations that provide financial assistance for obtaining new equipment and sponsor special school events. It is common for teachers in day school special programs to have face-to-face contact with a member of the child's family four times per day. Many special schools offer evening and weekend classes for parents on the subjects of child care and home education. The classes are taught by special education teachers who receive extra pay for the service.

Residential schools for the blind and deaf strongly encourage weekend home stays. It's considered common for nondisabled children to stay at school during the week when the parents have no extended family living with them, so the arrangement for many deaf and blind is nearly the same. Residential programs for the mentally retarded are likely to be those operated for abandoned children, and are supported by the Ministry of Civil Affairs or a welfare group.

Ke Li Mu, Special Education Instructor, Shandong Normal University, Jinan, conducted a survey among parents of students in classes for the mentally retarded on the subject of their concerns. In reviewing Western literature on parental needs, Mr. Mu identified seven broad categories of expressed parental need or concern which he included in a survey form sent to the parents. Tabulations showed the following from highest to lowest rank order of concern: (1) medical treatment, (2) more collaboration with the school, (3) knowing how to provide home education, (4) understanding the cause of the disability, (5) understanding of the disability by others, (6) financial aid from society, and (7) assistance with child rearing. Financial aid and assistance with child rearing were considered to be negative factors by the majority of those responding (Mu, 1991).

Medical services, particularly outside the major metropolitan areas, appear to be unready to deal with the problems associated with a childhood disability and the families who have no access to alternatives. Organizations, such as the All China Women's Federation with help from UNICEF, are attempting to alleviate the situation. Despite considerable contact with the school, parents feel a need to experience more of a collaborative relationship in the educational process at school and at home. The desire to hide the "family shame" appears to be giving way to a desire to provide the best education possible for the mentally retarded child, at least in urban China. The desire to maintain an independent family unit that spurns outside financial and child rearing assistance is a trait of a Chinese family that doesn't appear to change with the presence of a disability.

PUBLIC POLICY

Modern public policy has been established to address the educational, social, rehabilitative, and vocational needs of the disabled. Article 45 in the *Constitution of the People's Republic of China*, adopted in December 1982, decreed that the state and society should help make arrangements for blind, deaf, and other disabled persons to work, live, and receive education. Article 9, *Law of the People's Republic of China on Compulsory Education*, adopted in April 1986, said that local people's governments at all levels should establish special schools or classes for blind, deaf, or retarded. *China's Five Year Work Programme for the Disabled (1988-1992)* contained general goals in research, personnel preparation, and service delivery standards. *The Law of the People's Republic of China on the Protection of Handicapped Persons* was adopted in December 1990 and mandated compulsory education for handicapped children. It promises the same power to handicapped youth to enroll in secondary schools and obtain employment that is experienced by nondisabled youth.

General education is funded primarily by provincial and local governments. Construction and maintenance of kindergarten and primary schools will often by supported by factories or other enterprises. Education commissions at the national, provincial, and local levels initiate and monitor the standards for educational programs. Funding for special education in regular classes is generally borne by the local school. Special schools have traditionally been supported by the province. New support from community organizations, welfare programs, and outside agencies has been found for some of the schools for the mentally retarded. The China Fund for the Handicapped has helped innovative schools.

RESEARCH AND DEVELOPMENT

Special education and rehabilitative services have reached an interesting stage of development in China. Two research entities were established at Beijing in 1988: (1) the Division of Special Education, directed by Dr. Yunying Chen, Central Institute of Educational Research, and (2) the National Special Education Research Center, directed by Professor Yongxin Piao, Beijing Normal University. Professor Shengqin Tang, East China Normal University, Shanghai, has collaborated with local education officials to influence national research and program development. The Ministry of Civil Affairs has been active in the development of innovative rehabilitative models that combine the resources of the Education Commission, the Ministry of Health, the China Disabled Persons' Federation, the China Fund for the Handicapped, UNICEF, and other agencies who might be included to explore a frontier. The China Disabled Persons' Federation and the China Fund for the Handicapped have helped in the development of rehabilitation programs. In 1988, the Ministry reported that there were 860 welfare institutions providing full-time services to disabled children, and that there were 20,000 children being cared for in community day care centers in urban areas. Welfare factories employ both disabled and nondisabled workers, and receive tax incentives for employing a high proportion of disabled workers. There were at least 50 comprehensive rehabilitation centers and 75 hearing and speech centers in 1989 (Dalais, 1989). To increase its effectiveness in its new endeavors, the Ministry has been conducting short-term and in-service training on disabilities for its workers.

New leaders are in the making. Provincial representatives participated in a concentrated special education training program at Beijing Normal University during the 1988-89 academic year. Lecturers came from leading organizations in China, the United States, and Singapore. Some of the trainees were teachers and others were teacher trainers. Members of the trainee group are now faculty members of teacher education programs, and are writing special education books, articles, and new teacher training materials. Some of the new leaders are now teaching children,

conducting curriculum experiments, and developing new special education models in the primary and secondary schools.

Programs for the disabled in various stages of development, with encouragement from UNICEF, were identified by Dalais (1991): (1) Community rehabilitation and resource programs are being organized by the Ministry of Civil Affairs in Beijing, Jiamusi, Heilungjiang, and Szechwan provinces; (2) The Nanjing Special Education Middle School is organizing a one-year intensive retraining program for experienced teachers; (3) The Child Development Center of China is cooperating with the Ministry of Health to develop a major program of early identification and intervention. The All-China Women's Federation has a network of rural centers which help to distribute material developed by the Child Development Center of China.

CONCLUSION

Experimental classes for mentally retarded students, along with innovations at rehabilitation centers in the early 1980s, have mushroomed into a major national effort. National policy, funding support patterns, rehabilitation, adult employment, and early intervention are strongly influenced by the activities of the China Disabled Persons' Federation and the China Fund for the Handicapped, in cooperation with the Ministry of Civil Affairs. Curriculum for deaf and blind students follows traditional patterns. With the exception of the length of time to complete, the nine-year curriculum for mentally retarded students in special schools is similar to the six-year curriculum for the deaf. Services for mentally retarded students in regular schools may, however, be quite dissimilar from school to school. Mild mental retardation appears to include a wide range of learning and behavioral disability.

Despite an increase in special teacher education programs, books and articles, research projects, and innovative rehabilitation, the enormity of the challenge indicates a need for more. Newly-trained faculty in special education middle schools and progressive teacher leaders in classrooms represent a core of leaders who are applying information supplied by major universities, research institutes, and international literature. Professional education workshops, such as the 1988-89 project at Beijing Normal University, and short lecture tours by visiting scholars will have a great impact on how special education leaders combine traditional amd new approaches for unique models in China's future.

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CULTURAL AND SOCIO-ECONOMIC FACTORS THAT AFFECT SECTION 8 OF THE NATIONAL POLICY ON EDUCATION IN NIGERIA

by

F.E. Obiakor and G.P. Maltby

Special education policies are consistently ingrained into overall educational policies in Nigeria. They are not formulated in isolation, because of the federal role in providing educational opportunities for all its citizens. One policy that stands out in Nigeria is Section 8 of the National Policy on Education (Federal Ministry of Education, 1977), an equivalent of Public Law 94-142 in the United States. Section 8 recognizes various forms of exceptionalities, and spells out directional policies of special education in Nigeria. This policy appears to be a commendable effort to ameliorate problems confronting exceptional individuals; however, these children are not well-served due to factors associated with culture, socio-economics, and politics (Akutu, 1976; Nwigwe, 1979; Obiakor, 1988, 1990; Obiakor, Aramburo, Maltby & Davis, 1991; Obiakor, Ihunnah & Jones, 1989; Obiakor & Maltby, 1988, 1989; Obiakor, Maltby & Ihunnah, 1990). This article will evaluate Section 8 of the National Policy on Education in Nigeria since its inception in 1977.

OVERVIEW

Nigeria, a country on the west coast of Africa, gained its independence from Britain in October 1960. The United Nations Educational, Scientific, and Cultural Organization (1983) data explained that 250 ethnic and language groups are scattered over the 19 states of Nigeria. Today, Nigeria has 21 states, and more than 120 million people in more than 299 local government areas. Since independence, Nigeria has been ruled by 8 different governments (six military and two constitutionally-elected). At present, it is ruled by a military government. Diamond (1984) noted that each military coup has occurred as a result of three underlying variables: (a) staggering corruption, (b) crippling economic waste and mismanagement, and (c) disruption of the electoral process through violence and fraud. It is discouraging to note that state and federal governments have been the prime avenues for the accumulation of wealth and the acquisition of resources. Much of the wealth has been accumulated through government contracts, jobs, import licenses, and development projects; little has been accumulated through any substantially independent productive business.

This malaise is not accidental. Historically, the education acquired from the British did not encourage productivity. Bude (1983) reiterated that the culture of the colonialists gave the Nigerians little consideration in program planning and development. As Obiakor and Maltby (1989) pointed out:

> Colonization reduced the impact of traditional education and introduced western culture, education and christianity. Colonial education was focused on (a) eradication of illiteracy, ignorance and superstition by introducing the 3Rs (reading, arithmetic and writing) at a "mushroom" level, (b) producing clerks, messengers and half-educated people who were intimidated by authority figures; and (c) tribalism, nepotism, stateism, ethnocentrism, bribery and corruption (p. 19).

This statement does not downplay the important role played by the British colonial regime in the socio-economic development of Nigeria. It does not put the whole burden of the underdevelopment of Nigeria on Britain. The fact remains that an educated Nigerian still dreams of sitting behind an office desk. With a rapidly-growing population of over 120 million people, Nigeria is still searching for innovative ways to feed its people. Food importation has necessitated the "Green Revolution" and later the Structural Adjustment Program (SAP). There is an exodus of young people to cities, leaving the rural areas socially and economically underdeveloped. The per capita income continues to be low, and the economic strain is felt in all segments of society. Recently, Leavy (1990) observed that, "Nigeria is a unique country with some unique problems that are born out of unique circumstances" (p. 82). It is reasonable to assume that these circumstances, no matter how unique, are a result of the lack of a sound philosophical base of education which could address the cultural, socio-economic, and political needs of the people.

SPECIAL EDUCATION POLICIES

Special education policies in Nigeria emanate from overall educational policies. The level of awareness of Nigerian parents does not impact upon advocacy, litigation, and legislation. Some Nigerians are still unaware of the advantages of personal freedom, those who are aware have not taken advantage of the intricacies of the law for personal and political liberation. Because of consistently transitional governments, it is difficult, and sometimes unreasonable, to solidify educational policies and programs. When such programs get established, they tend to become excessively politicized. No doubt some efforts have been made to meet the needs of all students, including the exceptional.

About two decades ago, Nigeria instituted educational goals which could reflect a national philosophy. According to Eke

(1972), these goals would make Nigeria (1) "a strong and self-reliant nation, (2) a great and dynamic economy, (3) a just and egalitarian society, (4) a free and democratic nation, and (5) a land full of opportunities for all its citizens" (p. 3). These broad goals are seemingly interwoven with the basic ingredients of philosophy; however, they have not been pragmatically pursued. They seem to be divorced from the cardinal goals of traditional education. Fafunwa (1975) noted that traditional education attempts to:

1. Develop latent physical skills;
2. Inculcate respect for elders and those in authority;
3. Develop intellectual skills;
4. Develop character;
5. Acquire specific vocational training and a healthy attitude toward honest labor;
6. Develop a sense of belonging and participate actively in family and community affairs;
7. Understand, appreciate, and promote the cultural heritage of the community at large (p. 20).

In September 1976, Nigeria took a giant step to tie together these cardinal principles of traditional education and the national educational goals. This combination resulted in the establishment of the Universal Primary Education (UPE) program, which was designed to effectively eradicate illiteracy, ignorance, and disease, and to prepare Nigerian students for future challenges. The UPE program has been proven to suffer from many setbacks, such as poor organization, under-financing, and little emphasis on rural education and special education (Obiakor, 1988, 1990; Obiakor & Maltby, 1988, 1989). The 6-3-3-4 program, which was later established in the 1980s to broaden the scope of the UPE program, has also been struggling. The 6-3-3-4 program is named for the sequence of six years of primary school, three years of junior high school (which allows students to make career decisions), three years of high school (which solidifies the selected career path), and four years of university education. The Federal Ministry of Information and Culture (1986) reiterated that "a successful implementation of this program should provide a sound footing for the technological transformation of the Nigerian society within the next generation" (p. 38). At present, university graduates from most parts of the country have an extremely high unemployment rate. In addition, data is unavailable on the progress of integrated special students in the mainstream educational system.

Ogbue (1975) wrote extensively on special education administration and facilities in Nigeria. Her study, which was supported by the Special Education Unit of the Federal Ministry of Education, found that:

1. 25% of teachers involved in special education were trained specialists;
2. Five categories were provided for: blind and partially sighted, deaf and partially hearing, physically handicapped, mentally handicapped, and hospitalized children;
3. A high percentage of financing came from individuals, local and international organizations, and voluntary agencies;
4. Annual subvention came from Federal and State Ministries;
5. There were no facilities in the country for the purchase and technical maintenance of special education equipment and teaching aids.

The establishment of Section 8 of the National Policy on Education in 1977 was an outstanding move by the Federal Ministry of Education. As stated earlier, Section 8 spelled out in detail the directional policy of special education in Nigeria. Its fundamental goals are:

1. To equalize educational opportunities for all children, notwithstanding physical or emotional disabilities;
2. To provide adequate education for all handicapped children and adults so they may fully play a role in the development of the nation;
3. To provide opportunities for exceptionally gifted children to develop at their own pace in the interest of the nation's economic and technological development (Federal Ministry of Education, 1977, p.1).

Section 8 generally requires the Federal Ministry of Education to set up a committee to conduct special education activities in collaboration with the Ministries of Health, Local Welfare, and Labor. It requires that a census be taken of all handicapped children and adults by age, sex, locality, and type. All teacher training colleges are required to provide basic special education courses for prospective "normal" school teachers who require such knowledge to identify and help handicapped children. In addition, the Federal and State Ministries of Education should arrange courses or in-service training for all teachers of handicapped children. Section 8 proposes the integration of special students into regular classrooms; free education for exceptional students at all levels; and provision of suitable employment opportunities for handicapped workers. Most importantly, it calls for the establishment of local committees on special education, a National Council for the Rehabilitation of the Disabled, and a National Council on Special Education, which would be collectively responsible for providing special education services.

It is apparent that Section 8 has provided a direction for special education policy in Nigeria. It is also apparent that this policy, although well-intended, has not been pragmatically pursued.

Ihunnah (1984) surveyed special education facilities, enrollment, and manpower in Nigeria, and discovered:

1. There was an increase in the number of qualified teaching personnel in special education;
2. Student enrollment was not commensurate with teacher preparation;
3. Established mechanisms for policy implementation were not consistently enforced;
4. There was a lack of specialized consultants and qualified educational planners in strategic areas.

Oluigbo (1986) did a much more elaborate study which used (a) on the spot investigation, (b) returns made on specially-designed forms, (c) questionnaires from special education students, (d) UNESCO material, (e) expert oral interviews, and (f) comparison of existing situations with results of exercises carried out in other countries. This study was supported by the Special Education Unit of the Federal Ministry of Education. Oluigbo's results revealed that:

1. There were improvements in qualified personnel;
2. Student enrollment was still not commensurate with teacher preparation;
3. Established mechanisms were still not consistently enforced.

Both of these studies suggest that efforts had been made to establish special education policies, but that there were flaws in policy implementation. The authors also suggest that there are apparent cultural and socio-economic factors which hamper special education advancements in Nigeria.

CULTURAL FACTORS

Culture is a complex web of the knowledge, belief, art, morals, law, custom, capabilities, and habits of a society. Cultural heterogeneity exists in Nigeria, with three major tribes (Ibo, Hausa, and Yoruba). Before the influence of Western culture, many

Nigerians worshipped "false" gods, respected bangles and charms, and even performed some outrageous activities (e.g., killing of twins, euthanasia). The institution of the UPE program faced some unexpected religious and cultural problems (Obiakor, 1988, 1990; Obiakor & Maltby, 1988, 1989). Its benefits were misconstrued and nor properly communicated to the people at the grassroots level.

Onwuegbu (1977) confirmed that care of the handicapped in Nigeria is relegated to the background due to ignorance, superstition, taboos, and perceptions related to ethnic cultures. No doubt, these beliefs affect the special education sequence of screening, referral, evaluation, and individualized instruction. As Obiakor, Aramburo, Maltby and Davis (1991) pointed out, "In Nigeria, there are problems of 'who', 'when', and 'how' to admit exceptional individuals in school programs because of the lack of mandates" (p. 11). These mandates should have resulted from parent advocacy, litigation, and government legislation in Nigeria.

SOCIO-ECONOMIC FACTORS

Nigeria has immense human and natural resources; however, it has been susceptible to the economic and social crises suffered by industrialized countries. It has been tremendously affected by the world's oil glut. Many Nigerians have not fully benefited from special education programs as outlined by Section 8 because of inadequate funding. The dream of making Nigeria a great and dynamic economy has tentatively failed. The economy is in a shambles; and some Nigerians have negatively engaged in bribery, fraud, embezzlement, nepotism, tribalism, and stateism for survival (Diamond, 1984, 1989).

It is apparent that Nigeria cannot advance economically without educational, cultural, special, and political advancements (Obiakor & Maltby, 1988, 1989; Obiakor, Maltby & Ihunnah, 1990). How can accountability be achieved when federal, state, and local roles are not properly delineated? Ogbue (1975) noted that a high percentage of money for special education came from individual gifts, local and international organizations, and voluntary agencies. It is reasonable to argue that Nigeria, after more than 30 years of independence, still relies on foreign aid for special education programs. The fact that there is no mandatory law in special education that would have led to greater levels of accountability explains this point. The poor economy and tremendous corruption in Nigeria cannot be ignored if the government intends to pursue programs that would ameliorate problems for exceptional individuals. How can teacher/staff training and certification in special education be maintained without adequate funding? If funding is provided, how can it reach the students?

SOLUTIONS

There have been some realistic efforts to address problems confronting exceptional learners in Nigeria. Through Section 8 of the National Policy on Education, some directional policies have been established; however, many Nigerians have not responded to special education changes that would motivate exceptional individuals to contribute toward the progress of the country. Following are some solutions that would assist the government in solidifying Section 8 of the National Policy on Education, and possibly reduce the endemic cultural and socio-economic problems in Nigeria:

1. A restructuring and reformulating of a new society that associates the fate of democracy with the quality of its intellectual leadership;
2. No more pigeonholing of talented specialists or innovators;
3. Accountability at all levels of government;
4. Programs that are not divorced from Nigeria's culture, society, economics, and politics;
5. Support of Section 8 of the National Policy on Education through mandatory laws and regulations at national, state, and local levels;
6. Promotion of democratic ideals: the importance of the individual, social responsibility, and freedom for all;
7. Development of a suitable educational philosophy which reflects the needs of the Nigerian people.

CONCLUSION

Special education policies in Nigeria emanate from overall educational policies. One tangible policy, which has attracted the attention of special educators and researchers, is Section 8 of the National Policy on Education. Section 8 appears to be a pièce-de-résistance in addressing special education needs in Nigeria; however, recent studies have indicated that this policy has been bothered by a lack of accountability at all levels, and plagued by endemic problems of culture and socio-economics. The authors contend that Section 8 needs to be continuously evaluated to assess its capacity to promote democratic ideals for exceptional individuals in Nigeria.

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SPECIAL EDUCATION IN BRAZIL: SERVICE DELIVERY SYSTEM IN PROFILE

by

F.A. Novy, M.A.G. de Souza Pan, and F.J. Arns

Special education programs in Brazil for children with disabilities have experienced significant growth during the past decade. Increases in the availability of services, new and augmented teacher preparation programs, greater familiarity with promising practices in other countries, heightened awareness of issues relating to equity and excellence in basic education for all children, and expanded federal, state, and local government participation in educational programs exemplify the many positive changes occurring during the 1980s (d'Amaral, 1989; Minestério da Educação, 1990; Marta, 1989; Moreira, 1989; Pereira, 1989).

While the quality and kinds of special education and related services available to children with disabilities have improved, current practices and conditions remain far from ideal (d'Amaral, 1989; Lin, 1987; Novy, 1983; Pereira, 1989). Teresa Costa d'Amaral, former director of the President's Coordinating Council for the Integration of People with Disabilities (CORDE), pointed out in a speech to Brazil's House of Representatives that only 3% of the estimated 13 million Brazilians with disabilities currently receive services. In her presentation, she characterized the disability population as a "marginalized" people, treated as "third class" citizens, who generally are excluded from participation in political, social, and educational policy-making processes. These perceptions are shared by many who advocate improved social, economic, and educational opportunities for Brazil's exceptional children.

Brazil, like many other Latin American nations, is currently locked in a national debate to define the meaning and means of "basic education" for all Brazilian children, including those with special needs. Many of the educational reform issues being debated are addressed only peripherally in this paper; however, for those interested in this debate, the following works are recommended: Castro, Guimarães & Oliveira, 1991; d'Amaral, 1989; Gomes Neto & Hanushek, 1991; Lin, 1987; Saviani, 1991; and Tedesco, 1987.

DIVERSITY DEFINES BRAZIL

A federal republic, Brazil is bordered by ten countries and covers one-half the area of South America. Brazil is a multi-ethnic society, Portuguese-language dominant, with European, African, and Southern American Indian influences. More recently, the migration of Asians to Brazil, particularly to its southern region, has further added to the country's rich and varied culture. Demographically, Brazil has a population of approximately 130 million, 60% of which is 25 years or younger. Seven out of ten Brazilians live in urban areas, while the remaining 30% are considered living under "rural" conditions[1] (Institúto Brasileiro de Geográfica e Estatística, 1981). Pronounced social, economic, and educational disparities among its citizens further contribute to Brazil's distinctiveness.

General Education Characteristics

Brazilian public education is in crisis. Approximately 88% of the population entering the first grade in 1978 failed to graduate from high school in 1988 (Minestério da Educação, 1990). Forty-five percent of this same population failed to pass to the second grade following the first year of school, and 63% either dropped out altogether or repeated a year by fourth grade. While enrollment in public and private school programs is mandatory for students 7 to 14 years of age (and free of charge for federal, state, and municipal schools), many of those falling within this age group either have never been to school or, once enrolled, have one year or less of formal schooling (Gomes Neto & Hanushek, 1991).

Different reasons have been posited to account for the high rates of school failure, dropout, and school evasion in Brazil. Those frequently cited in the literature include: inadequate teacher preparation programs (Mercer & Guimarães, 1980, 1980; Poppovic, 1979); inappropriate curricula (Nosella, 1981); limited access to schools for the geographically isolated and economically depressed (Carvalho, 1981; Ceccon, Oliveira & Oliviera, 1982; Fukui, 1980); student inability to profit from instruction due to cultural deprivation (Ferreira, 1979); scarcity of instructional resources (Gomes Neto & Hanushek, 1991); low teacher salaries and motivation (Castro et. al., 1991). Each of these, at one time or another, has been the focus of Brazil's education reform debate.

Where Are Brazilians Taught and By Whom?

In practice, educators in Brazil view regular and special education as two separate systems, each supported wholly or in part by federal, state, municipal, or private agencies. Most students without disabilities are enrolled in schools run by state and local education agencies (Minestério da Educação, 1990). The majority of the remaining students are educated in private schools, with only a small proportion served in federally-run programs (less than 3% in 1987). In 1989, 8 out of 10 students were enrolled in elementary schools, with the remaining 20% equally divided between pre- and secondary school programs.

Special education students exhibit a different enrollment pattern. Not surprisingly, enrollment data for only "special schools" are included in a recent federal report describing Brazilian education during the previous decade (Minestério da Educação, 1990). The conspicuous absence of data on students receiving special education in regular public schools illustrates an important feature of Brazil's special education system. While authorities espouse the concept of one educational system for all children (Canziani, 1989), public education in Brazil has traditionally excluded children with disabilities (Castro, 1989; Novy, 1983). The majority of students in special education programs is served in separate

facilities, primarily privately administered.

Historically, special education in Brazil has mirrored the development of service delivery systems in western Europe and the United States. Characteristically, early special education services have been dependent on philanthropic initiative, only to become the responsibility of public and gratuitous education when political and social pressures are brought to bear and fiscal resources allocated. Brazil's transition to a system of special education which is primarily the responsibility of public governance has yet to occur, although state and local education agencies are accepting more and more responsibility. The largest philanthropic organization in Brazil maintains more than 700 special education facilities (Pereira, 1989), which are estimated to serve between 70-80% of all special education students (Minestério da Educação, 1990; Novy, 1983; Pereira, 1989).

Table 1 provides a breakdown by program level (pre-school, elementary, secondary) of the estimated number of children in need of special education.

Table 1
Brazilian Special Education Enrollments: 1988

Level	Prevalence estimates[2]	No. students served	% of prevalence
Preschool	340,000	41,292	12.0
Elementary	2,682,000	46,377	2.0
Secondary	334,000	299	.09
Total	3,356,000	87,968	2.5

NOTE: Actual student enrollment figures reported in *A Educação no Brasil na Década de 80*. Minestério da Educação, Brasilia-DF (1990).

According to the total enrollment estimates, the number of students actually served represents less than 3% of those in need. Data reported elsewhere (Novy, 1983) support the conclusion that substantial numbers of children with disabilities in Brazil go unidentified or, if identified, are without access to special education services. This figure is not surprising given the significant numbers of school age children who never attend school (Gomes Neto & Hanushek, 1991).

PREVAILING SPECIAL EDUCATION CONCEPTS AND PRACTICES

The quality and extent of special education in Brazil varies greatly from region to region. The federal government has established norms for specific categories of disability and the civil rights guaranteed to its disabled population. It even supports two planning and policy-making agencies, one within the Ministry of Education and the other in the President's office. The primary responsibility of these agencies is to provide national leadership to state and local governments, and to other public and private institutions providing special education or related services to children and families.

Predominant responsibility for providing and maintaining services, however, falls to state, local, and private initiative. Whereas, in the U.S., states receive federal money to defray approximately 10% of their special education expenditures, Brazilian state and municipal governments depend almost entirely on state, local, and private funds. Presently, federal legislation has been proposed that will require states to allocate 8% of their total education budget for special education programs.

Only a handful of states have well-established systems to identify, evaluate, and serve children with disabilities. For example, one state education agency (SEA) employs the services of hundreds of professionals, including teachers trained in specific special education areas, diagnosticians, speech pathologists, psychologists, physical therapists, and social workers. This particular SEA is mandated by state statutes to meet special educational needs either in a regular public school program or by providing technical assistance and funding to private service providers.

In general, however, a Brazilian child with a disability receives few, if any, special education opportunities. Where available, services are usually delivered through state-supported programs administered by private, philanthropically-based, organizations.

Categories of Disability Served in Brazil

Five categories of exceptionality are recognized in Brazil: mental retardation, physical disability, hearing impairment, visual impairment, and multiple disabilities (MEC, 1990). Behavior disorder has also been recognized in some states (Governo do Estado, 1991). Definitions for each are similar to those used by educators in Europe and the United States, and generally reflect defining criteria based upon severity (e.g. mental retardation: mild, profound; visual impairment: partially sighted, blind) or associated symptoms (e.g., physical disability: cerebral palsy; multiple disabilities: Down's syndrome).

These five exceptionality classifications are considered the most "visible" of handicapping conditions. Not unlike the evolution of special education concepts in developed countries, Brazil serves the proportion of its disabled population that is most easily recognized diagnostically. Thus, it is not surprising that the two largest categories of disability served in the U.S., learning disabilities and speech/language handicaps (US Department of Education, 1909), are not recognized formally in Brazil. Other handicapping conditions, such as autism, deaf-blind, traumatic brain injury, orthopedically or other health impaired are generally subsumed under mental retardation, physical, or multiple disabilities.

The majority of Brazil's special education population is diagnosed as having mental retardation. D'Amaral (1989) estimates that this disability category accounts for 50% of the total handicapped population. Table 2 presents the estimated numbers of Brazilians for each of the five categories of disability. For comparison purposes, the U.S. incidence percentages for these same groupings are shown.

Table 2
Disability Categories Relative to Brazil Prevalence[3] and U.S. Incidence[4] (Brazil's Disability Population: Estimated 13 Million[5])

Disability Category	Brazil %	Brazil est. #	U.S. %	Brazil est. #
Mental Retardation[6]	50	6,5000,000	13.9	1,807,000
Physical Disabilities	20	2,600,000	2.3[7]	299,000
Hearing Impairments	15	1,950,000	1.4	182,000
Multiple Disabilities	10	1,300,000	2.0	260,000
Visual Impairments	5	600,000	.5	65,000

While these handicapping conditions account conceptually for the total Brazilian disability population, they represent only 21% of students aged 6-21 currently receiving special education in the United States. It is not clear on what basis d'Amaral attributes these particular percentages. Very possibly, the percentages used are close to Brazil's actual incidence figures within the disability community receiving services. However, she, as well as other Brazilian educators, are probably overestimating the total number of Brazilians believed to exhibit one or more of these handicapping conditions. Using United States incidence figures for 10 disability categories (US Department of Education, 1990), only a fifth of the estimated 13 million Brazilians with disabilities would be identified as having one of these five handicapping conditions.

CONCLUSIONS: POLEMICS AND CHALLENGES

Brazilian educators have identified a number of barriers to improving the quality and availability of their special education system. Those frequently mentioned include inadequate child find programs, poorly defined or undefined disability conditions, scarcity of human and fiscal resources, and lack of access to research-based information about successful programs and practices both in Brazil and abroad.

Transition Services

Given the number of older students exiting special education programs, and shifts in public attitudes regarding the rights of individuals with disabilities to participate fully in community life, educators and parents are increasingly concerned with the lack of programs to prepare students transitioning to adult life and work. Short courses, seminars, and parent and professional group encounters over the past several years have grappled with such transition-related topics as salary rights, employment access, and federal/state legislative mandates. Brazil has passed a number of federal statutes addressing the needs and rights of citizens with disabilities; however,these statutes have been relatively ineffective, given traditional noncompliance with educational mandates. The need for a more effective compliance monitoring system at both state and federal levels is especially acute.

Personnel Preparation

In all special education and related service areas, there is a lack of qualified, specially-trained personnel. These include teachers, school psychologists, speech and language pathologists, social workers, and occupational and physical therapists. Only two universities in Brazil offer Masters-level coursework in special education: the Federal University of Rio de Janeiro and the Federal University of São Carlos, both in the southeastern region of Brazil. The preparation of special education personnel generally occurs at seminars or during short courses, the latter of which are usually sponsored by local teachers colleges, state and municipal governments, or disability advocacy groups. Many regular education teachers choose to complete additional coursework of approximately 1000 hours (high school level equivalence) in order to be certified in special education. Graduate and undergraduate level training is available in the form of "specialization" courses, which are few in number.

The number of personnel preparation programs in special education and related areas (e.g., speech pathology, physical therapy) varies greatly from region to region, with the vast majority being offered in southeastern and southern states. Although valuable, these programs, seminars, and courses fall short of preparing the manpower needed.

Inclusion Movement

Brazil's special education system has evolved separately from that of regular education. Reliance on separate, non-public educational programs has been the accepted approach, which is currently being fervently debated.

Central to this polemic is the concept of inclusion: to educate a student, regardless of special needs, in a regular environment. In general, three positions are being advocated: (1) to close all special schools and special classes, and provide special education in a regular class setting; (2) to educate all children in need of special education on a regular campus, in either a regular class, resource room, or self-contained instructional arrangement; (3) to "reverse mainstream" by opening up to non-handicapped students educational programs at existing separate facilities. Many political, social, and economic factors will ultimately contribute to the direction Brazil takes with this issue. For the first time, however, the longstanding philosophy that persons with disabilities should be educated separately from "normal" students is being publicly challenged.

The special education movement in Brazil is relatively young in comparison to service delivery systems in developed nations. Its mission, however, is similar: To promote, through educational initiative, student learning, achievement, and life-long success. Unquestionably, the next decade will continue to challenge the leadership, creativity, and resourcefulness of the country.

NOTES:

[1] Rural is defined as "all areas outside established city and town limits" (Anuario Estatistico, 1981).

[2] The figures reflect 10% of the matriculated populations for three educational levels (*Disability and rehabilitation*, WHO, Technical Report Series, 668, Geneva, 1981).

[3] Suggested percentages and estimates of the total disability population in Brazil (D'Amaral, 1989).

[4] (US Department of Education, 1990)

[5] See Note 3.

[6] These categories generally subsume orthopedically impaired, autism, other health impaired.

[7] Reflects combined percentages for the U.S. disability categories: Other health impaired and orthopedically impaired, 1.2 and 1.1, respectively.

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SPECIAL EDUCATION AND "POKAZUKHA" IN THE (FORMER) USSR

by
B.J. Elliott

INTRODUCTION

Andre Sutton (1988) wrote, "The organisation and provision of the (Soviet) system of special education and its infrastructure are truly remarkable." Sutton, a psychologist who often visited the former USSR, is one of a long line of Westerners who, since 1953, have been greatly impressed by the Soviet system of special education.

Typical comments appeared in *Exceptional Children* (1973) following a visit by 13 U.S. special educators: Donald Blodgett noted the good medical services ... no measles epidemic for 10 or 15 years; Edwin Martin saw "an outstanding health system that helps minimize disabilities"; Frank Wilderson noted that "the whole society cooperates"; John Melcher believed the sensorily handicapped were well looked after; and James Gallagher believed there were "differences that make a difference."

In 1977, Scottish "defectologists" (special education teachers) visited the USSR. Marion Blythman reported her impressions in the *Times Educational Supplement* (6 May 1977) and they were overwhelmingly favorable.

In a booklet, other Scots found little to criticise; were approving of staffing levels and teacher-student relationships; and noted that most exceptional children found employment after school. They seemed particularly impressed by the (research) Institute of Defectology.

Another UK study tour also led to a pamphlet (Shennan, 1978). Apart from what was seen in classrooms, the data consist of answers given by their interpreter. Personal impressions were sparse, but approving, with no serious criticisms.

In a survey of historical and theoretical trends, Marg Csapo (1984) concluded, "It has often been said that children are the most privileged class in the Soviet Union. More importantly, this statement embraces all children, including the handicapped." Also in 1984, L.L. Stewin concentrated on assessment of special needs. Noting the omission of maladjusted children from Soviet research programs, Stewin said that mildly disruptive children might be categorized as "pedagogically neglected" and sent to remote schools or put on "labour therapy programmes." The cause was always neurological. Stewin failed to realize that the only other prime cause could be environmental, or an admission of flaws in Soviet society (Csapo, 1985; Stewin, 1984).

A British journal, *Special Children* (1986-7) gave space in three issues to Soviet special education. In the first, Andrew Sutton concluded that the USSR was a "special education super power with enormous forces deployed and the resources to create advanced technologies" and that "the evident enthusiasm of so many Soviet defectologists ... is backed up by a firm official commitment to education."

Soviet writers have been more self-congratulatory than Westerners. Vladimir Lubovsky contributed a chapter on special education in *Education in the USSR* (1977). The health system was so effective that "the percentage of handicapped children in the Soviet Union at present is the lowest in the world." Special education began in 1919 in the USSR, and by 1941, "all handicapped retarded children in a number of large cities were fully cared for by special schools, and in many other centres this task was close to being realised." The system was then described with no hint of problems or failures.

An article in *Special Children* (September, 1988) was based on a lecture given by the same Vladimir Lubovsky at a London conference. Lubovsky re-emphasised the theoretical bases of the system, attacked Western policies of mainstreaming, and described the eight types of special schools and ten types of education offered. While praising Soviet special schools, Lubovsky noted the lack of social workers and school psychologists, poor coordination between health and education, the lack of early assessment and parental education, and the need for curricular reforms and better vocational training. This was the first time a Western journal reported an official view of the system containing self-criticism; however, the "official view" still maintained that the system was comprehensive, efficient, and successful.

It is possible that Western visitors to the Soviet Union were shown only the very best; that Soviet literature reported only on the standards of these showplaces, giving the impression that these were the Soviet norm. This was the Russian tradition of "Pokazukha", or boasting about non-existent achievements.

An early example of "Pokazukha" occurred in 1787 when the Empress Catherine the Great sailed in triumph down the Dneiper River while Prince Grigory Potemkin stage-managed happy, prosperous villages at each stop (the so-called "Potemkin villages").

There are many such stories of the Soviet era. Maxim Gorky, visited a gulag and returned to Moscow to write a book full of praise for this wonderful experiment. The cruiser "Sverdlovsk" visited Britain with a crew made up of officers to hide the poor quality of Soviet sailors. Mikail Gorbachev was shown an "ordinary worker's apartment," which had been specially refurnished and supplied (Riasanovsky, 1963; Hare, 1962; Vitaliev, 1990; Levchencko, 1989; Hosking, 1985).

In describing the special education system, this paper will take into account both Soviet and Western reports.

SOVIET SPECIAL EDUCATION

Each republic of the USSR was responsible for its own special education. The Ministry of Special Education had main responsibilities for teacher training, and care of the sensorily and physically handicapped as well as children with mild and moderate learning difficulties (to use Western terminology). The Ministry of Social Security was responsible for the severely and profoundly handicapped, while the Ministry of Health looked after children

with psychiatric disorders, the chronically sick, and the profoundly handicapped in hospitals.

Enrollment in the USSR's 2600 special schools in 1990 was about 500,000 (compared to 100,000 in 1960), of whom 300,000 were Russians. The vast majority were in segregated residential schools unevenly spread across the country. Most were in the former Baltic republics; fewest in the former Asian republics. Segregation was based on the premise that mainstreamed exceptional children could not cope, even with resource teachers, while special schools offered the staff and resources to remediate and prevent secondary disabilities.

Assessment often began in the first year, with 16-18 visits made to various specialists. The formal assessment at six years of age was a multi-disciplinary process, which included a medical doctor, a specialist teacher, and possibly a clinical (but not a school) psychologist or a speech therapist. The process involved a medical examination, observation, family interviews, and certain psychological experiments. These experiments were not based on USSR-wide standardization procedure, nor did psychologists use psychometric testing. I.Q. tests were banned in the late 1930s on ideological grounds.

Children assessed for special education were differentiated primarily on the basis of biological damage, which was seen as a "primary defect" that could be remediated. "Secondary defects" arose from social factors, although the exclusion from society as a result of the former could also cause the latter. The system rested on the basic theory that primary defects must be compensated for by strengthening undamaged functions; secondary defects could be prevented or corrected by psychological or educational intervention.

L.S. Vygotsky (1896-1934) was the author of that theory. He postulated that social interaction between adult and child, especially through language which was correctly structured and progressively employed, was potentially more influential than the effects of either heredity or environment. This interaction (i.e., teaching) could help to raise the child from his/her actual to his/her potential level of development. The gap between the two levels was called the "Zone of Next Development" (ZND) by Vygotsky. Whether the child would pass through this ZND depended upon assessment. To be fully effective, teaching had to be targeted in the "upper levels" of the ZND. Teaching was carefully structured in a six-stage process from sensory training to conceptual understanding through practical activities and correct speech.

The categories of impairment were similar to those in the West, but not identical. Mentally handicapped children or oligophrenes (those with CNS damage) were called idiots, imbeciles, and debiles. They attended or resided in different types of institutions run by the three ministries. Debiles attended "auxiliary" schools in some major cities, which were non-residential, nine-year schools with a general curriculum and emphasis on vocational training in the upper grades.

Children without CNS damage were not normally placed in auxiliary schools. When this learning disability, or "temporary delay in development," was diagnosed, some were educated in remedial schools or in resource rooms (although not all). The same applied to students with behavioural problems, provided they had not broken the law. Students with oral and written language problems had extra tuition.

Deaf students followed a 9-year curriculum over 12 years (in 1990, plans were made to shorten this). The hard-of-hearing were divided by their level of acquired speech, the less developed requiring a 12-year schooling. The blind, partially sighted, and physically handicapped also underwent 12-year schooling. Children with severe speech disorders, not caused by hearing loss, were divided into groups for extra speech therapy (logopaedics). Children with other disorders, such as developmental aphasia, attended for 12 years.

Special education teachers ("defectologists"), of whom more than 80% were women, had to compete for places in Pedagogical Institutes for intensive training. The dropout rate was low (5%) and a 25% extra salary was paid.

A BBC-TV programmme, "The Transformers" (27 September 1990), showed interest in the work of the Research Institute of Defectology in Moscow as a "cross between a think tank and a workshop - unique in the world." The Institute disseminated its research by means of scientific papers and teaching materials, first piloted in schools. In Moscow, experimental classes, including control groups, were being used in 1990 to test research.

There may be reason to doubt the quality of that system, due to the serious economic, social, and cultural problems which finally undermined the USSR in 1991. Arguably, it was never possible in the USSR for a world-class system of universal special education to exist.

The basic problem was the serious deterioration of the economy. In 1930, the economic system was regarded as an exciting experiment to replace capitalism (Nove, 1989). By 1990, it has virtually collapsed. The first reason was the failure of central planning which had operated since 1929. The economy became too complex to be planned and commanded; too slow to respond to the market, breeding a bureaucracy which stifled initiative and profit through massive subsidies. Increased production prevailed over quality control or market demands. The USSR was left behind in high technology development and manufacturing, and was able to export only raw materials, especially energy, to the West. Guaranteed employment meant underemployment, low productivity, and low wages. All this, plus price subsidies, led to a budget deficit far greater than that of the USA.

Inefficiency created widespread shortages affecting some 1000 of 1200 basic products, leading to low productivity because workers had no incentive to earn more or stand in line outside empty shops (*Sunday Times*, 1987, 1988; *Guardian*, 1987, 1989, 1990; *Time*, 1989; *Observer*, 1990; Lane , 1990; Wilson & Bachkatov, 1988; Walker, 1986).

All this meant little wealth, of which a disproportionate share went to military spending, space projects, agriculture, and disasters such as Chernobyl. Since 1933, the Soviet military had first call on resources, receiving between 15-25% of national income during the war on Afghanistan. This was 2-3 times that of the USA military budget in the 1980s. Total spending on internal and external defence forces exceeded 33 percent of national income. The space programs were also very costly. Above all, low agricultural productivity defied all investment efforts. A net exporter of food in 1963, the USSR had become a heavy importer by the 1970s.

One other important reason for shortages, particularly of foodstuffs, was the decaying infrastructure of railroads and distribution services that wasted up to 30% in transit. This situation raises the question whether malnutrition existed, particularly among children. By late 1991, large-scale Western food aid was underway, with children targeted for receipt.

In failing to generate sufficient wealth and in unwise spending, the Soviet social infrastructure (schools, hospitals, and homes) suffered greatly. One 1981 Soviet study claimed that much housing failed to meet the health and decency standards of 1928. 30% of the population was living communally in dormitories or sharing facilities with strangers. In 1987, 50 million Soviet citizens were reported without an apartment they could call home. Rents frozen

at 1928 levels meant the capital for quality developments was unavailable, while general revenue was heavily in deficit. The impact of such housing on health and education standards has long been known (*Times*, 1985; *Sunday Times*, 1987; Lane, 1990; Russell, 1888).

The state of public health casts the greatest doubt that high quality provision in special education could exist. The health crisis can be traced partly to inadequate resourcing, falling from 4.1% of national income in 1970 to 3.9% in 1987 (a little over one-third of the US percentage). This meant inadequate services staffed by low-paid, poorly-trained personnel. The Minister of Health reported 40% unable to read X-rays or cardiograms. Less than 60% of medical schools and research institutes were producing competent practitioners in 1987. This situation was compounded by shortages of equipment and pharmaceuticals (only 50% of antibiotics required were produced).

These conditions applied particularly in obstetrics and gynaecology. Contraceptive services were totally inadequate, resulting in 8 million annual abortions. The average Soviet woman endured five terminations without anaesthetics. What must be the attitude to handicapped children amongst those teachers who had sacrificed 5 healthy ones?

For those women who gave birth, the experience of maternity homes was most unpleasant (*Guardian*, 1987; *Observer*, 1989). Even in Moscow, only 12 of 33 maternity hospitals in 1989 met basic sanitary standards. Lack of equipment meant that few women had access to ultrasonic scanners or foetal heart monitoring equipment. One young mother said that :the only experience worse than having an abortion is having a baby in a Soviet hospital." Post-natal care was no better. The USSR in 1987 had an infant mortality rate of 25 per thousand; with two Asian republics reaching 46 and 54 per thousand. By contrast, Sweden in 1988 had a rate of 6 per thousand (*Medical Monitor*, 1978; *Swiss Review of World Affairs*, 1978; *Pulse*, 1988; *Health Service Journal*, 1987; *Sunday Times*, 1986; *The Guardian*, 1987, 1989; *The Times*, 1985; *The Observer*, 1989; *The Independent Magazine*, 1990; Lane, 1990; Allen, 1990; Walker, 1986).

Two further catastrophic problems affected the lives of many Soviet children who survived birth traumas. The first is alcoholism, affecting 14% of the population. The impact of alcohol on the foetus and upon the lives of children has been documented by Deutsch. According to two Soviet educationalists, 20-25% of children were retarded by alcoholism, birth trauma, or illness. Although Gorbachev cut official alcohol sales by 50%, illegal distilling of liquor increased, which caused "genetic damage on a vast scale" according to a British journalist in 1987.

The effects of alcoholism on marriages was devastating, with 46-55% of marriages ending in divorce. The impact of divorce and alcoholism upon the emotional health of the children, upon their achievements in school, and upon their future success in life is now becoming apparent.

The second catastrophic blight upon the lives of children is pollution: industrial, chemical, and nuclear, caused by uncontrolled industrial development. "Glasnost exposed the USSR," wrote one commentator, "as full of unbearably polluted cities."

The Soviet National Geographic Institute and Academy of Sciences reported that 16% of the land (50 million people) was an ecological disaster area. Twenty-six percent of the population lived in 126 heavily-polluted cities and towns.

The excessive use of pesticides devastated food supplies. One survey found that 30% of all food in St. Petersburg (Leningrad) was dangerous to health and 42% of milk was chemically polluted.

The 1986 Chernobyl nuclear disaster received the greatest publicity. Children were the most susceptible to the devastating effects of radiation. The impoverished medical system failed totally to cope with an epidemic of leukemia and other illnesses. Furthermore, the contamination was spread by wind, water, and forest fires to contaminate food supplies in other areas. The impact of this pollution upon child health is unquantifiable; however, a precedent can be found in the overcrowded and polluted slums of Victorian Britain. In 1899, the government called for volunteers to fight the Boers. Only 60% of volunteers passed the medical test. As late as 1914, 41% of a much larger British sample were "physical wrecks or chronic invalids" (British Government, 1904; Mowat, 1955).

The Soviet Union in 1990 was not Britain in 1889, but, according to one 1985 report, five major diseases (polio, diphtheria, scarlet fever, whooping cough, and measles) were "out of control." Measles was almost at the level of developing countries where malnutrition is rife. Even an efficient health service would not be able to alleviate the effects of so much disease. Sickly children, with impaired learning capacity, would be the natural result (*The Times*, 1985).

There were further threats to the emotional and physical health of children whose care, in the family and in health/education services, was the prerogative of women. Successive abortions, divorce, low-paid labour, and other factors sapped the physical and emotional energy needed for their own children, let alone those with special needs.

Many women, unable to raise their children. had them taken into care. Once the children were in care, all parental rights were lost in a county used to institutionalizing children. By 1990, almost 750,000 children were resident in 745 homes and 237 boarding schools. Conditions in care were officially admitted to be very poor, with widespread emotional starvation, and physical and sexual abuse.

Thousands of children absconded from such care, joining the "vast army of abandoned, neglected, and delinquent youth which sleeps in doorways." It is reasonable to assume that they also contributed to the growing juvenile and adult crime statistics of the USSR (*The Guardian*, 1987; Stole, 1988; Vitello, 1976).

One widespread crime was corruption. In some schools, parents had to bribe teachers to help their children progress. Few children in special education, and none in children's homes, have such affluent parents (Vitaliev, 1980; Simis, 1982; Wilson & Bachkatov, 1988).

Further evidence that the disabled were not a privileged group in the USSR appeared in 1980 with the refusal to host the paralympics after the Moscow Olympiad. In 1981, the USSR ignored the International Year of the Disabled. In 1983, three handicapped citizens were arrested for supporting the "defence of invalids' rights" campaign (Boot & Bethell, 1981; *The Guardian*, 1983).

In summary, the USSR was an underdeveloped country which spent its meagre resources unwisely and to the detriment of its social services. Given the former Soviet Union's serious plight, it seems unlikely that it *ever* dealt effectively with the educational problems created by these economic, health, and environmental crises. Far from having the lowest incidence in the world of children with special needs, the USSR may have had one of the highest in the so-called developed world.

Other reasons cast doubt on the scenario of the USSR as world leader. First, it was a multinational state of 22m sq.km. Its 15 republics had a total population of more than 287 million persons, with about 100 cultures, religions, and languages. This shows the enormous difficulty in establishing common policies, not to

mention producing specialised teaching materials in minority languages (Whittakers, 1990; Anderson, 1987).

Finally, there was the problem of sheer isolation. Vast areas of the USSR lacked all-weather highways, and only the European areas were well-served by railroads. Isolation inevitably meant enormous difficulties identifying and assessing exceptional children in remote areas (i.e., most of the country).

Raising questions about the quality and provision of special education in the former USSR does not deny that centres of excellence existed. The Research Institute of Defectology in Moscow undoubtedly attracted first-rate researchers. The deaf-blind school at Zagorsk, with 50 pupils, was supported by research workers from the Moscow Institute and had students who achieved PhDs. Without disparaging this, it is easier with a small group to achieve such results than to solve the problems of 730,000 children in care (Lambert, 1987; BBC-TV, 1990).

Most Western visitors normally went to Moscow and St. Petersburg. It is reasonable to suppose that there were a number of excellent special schools in these cities. These places may have represented "Potemkin villages." The situation in "ordinary" special schools is less clear. Janice Gibson, a Russian-speaking professor from Pittsburgh (USA), spent a year in the USSR. Comparing special education in the USA and USSR, she noted that while America's "dirty linen hangs in full view ... the Soviet special schools are sufficiently out of sight that it is difficult to measure just what is going on within their walls" (Sutton, 1988; Gibson, 1980).

To discover why the USSR sought to create this illusion, one must return to the 1917 revolution, born of idealism, seeking the equality and perfectibility of human nature, a utopian society in which each would serve according to ability and each would receive according to need.

The USSR was born amidst the total hostility of the other great powers which invaded to destroy the Revolution. In 1941, 4 million Fascist soldiers tried again. Even in victory, the USSR felt threatened by the USA's nuclear weapons. To survive, the USSR adopted a double strategy of military strength and relentless propaganda. Military spending brought economic exhaustion. Propaganda and disinformation tried to convince both Soviets and foreigners that the USSR was a utopian society.

Until proved otherwise, it is hypothesised that special education was part of this propaganda effort. What better way to convince the world of the humanity and success of Soviet society, particularly after the revelation of Stalin's crimes, than that it had constructed a world-leading system of care and education for all its most helpless and vulnerable citizens? (Gunther, 1964)

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ABOUT THE AUTHORS

Dr. G. ALI AFROOZ is a Deputy Minister of Education in Iran. He has been a professor in the special education department at the University of Tehran. In addition to being active in international aspects of the Council for Exceptional Children, he has been president of the Iranian Chapter of C.E.C.

DR. AARON ARMFIELD, Professor, Special Education and Communication Disorders, University of Nebraska at Omaha, Omaha, Nebraska, began his first visit to the People's Republic of China in 1978. Recently, he has been a director of a five-year personnel preparation project in special education for the China Handicapped Federation, China's State Education Commission, and Global 2000, Carter Presidential Center. He is currently involved in the expansion of special education projects in Singapore.

FLAVIO ARNS received his PhD in developmental linguistics from Northwestern University. He served as director of special education for the state of Parana (Brazil) from 1983 to 1990. In 1991, he was elected to Brazil's House of Representatives, and is the current President of the National Association of Parents and Friends of Persons with Disabilities (APAE), Brazil's equivalent to the Council for ExceptionalChildren.

DR. B. JOHN ELLIOTT teaches special education and curriculum studies at the University of Stirling, Scotland. Initially trained as an economic historian, Dr. Elliott taught social studies for ten years in secondary schools in England, where he developed an interest in children with learning difficulties. Later, he studied special education at the University of British Columbia. He has taught several summer sessions in Canadian and U.S. universities, and travelled widely visiting educational institutions, including some in Russia, Poland, Hungary, and Scandanavia. He has spent most of his last four sabbatical leaves teaching in British special schools and units.

PATRICIA L. JONIETZ is a former international school special education teacher/ administrator and a private consultant for families in the international community. She is the editor of the *1991 World Yearbook of Education: International Schools and International Education*.

TURE JONSSON, former Head of the Department of Special Education at the University of Gothenburg, Sweden, has worked as an advisor on special education for the Swedish International Development Authority (SIDA) in Africa and Asia since 1980. He recently took up a similar post at UNESCO headquarters in Paris. The article was written when he still was working in Sri Lanka.

ABOUT THE AUTHORS

DR. OLOF MAGNE is a lecturer and professor of education in the Malmo School of Education, Malmo, Sweden. He was president of the European Association for Special Education. Dr. Magne's main research interests are the psychology of learning, learning difficulties, the education of children with mental retardation, and comparative education.

GREGORY P. MALTBY, EdD, is an Associate Professor in the Department of Educational Management and Development at New Mexico State University, Las Cruces, New Mexico. He has done some consulting work at national and international levels on educational development. Dr. Maltby is a member of several organizations, including the Council for Exceptional Children.

FORREST NOVY received his PhD in learning disabilities from Northwestern University. He served in Brazil as a U.S. Peace Corps volunteer from 1971 to 1973. From 1981 until 1985, he was a Visiting Professor at the Pontifica Universidade Catolica do Parana and the Universidade Federal do Parana in Brazil. He continues to work closely with educators and parents in Brazil at both national, state, and local levels. Currently, he is an educational consultant for the Texas Education Agency (TEA) in Austin, Texas.

FESTUS E. OBIAKOR, PhD, is an Assistant Professor in the Department of Educational Psychology and Special Education at the University of Tennessee at Chattanooga, Tennessee. He taught for many years in Nigeria. Dr. Obiakor holds memberships in several professional organizations, including the American Educational Research Association, Council for Exceptional Children, International Association of Special Education, and Society of Scholars and Educators.

MIRIAM PAN completed undergraduate and postgraduate programs in psychology, speech pathology, and special education at the Pontificia Universidade Catolica do Parana (Brazil). Since 1987, she has been a professor of special education and psychology at the Sociedade Educacional TUIUTI in Curitiba, Parana. She currently serves as a consultant to state and local education agencies, and directs the Center for Specialized Intervention for Children with Learning Disabilities in Curitiba.

LENA SALEH has been a director of mental retardation programmes in Lebanon, a consultant to the Ministry of Social Development in Jordan, and an advisor in the Middle East. She was a council member and vice president of the International League of Societies for Persons with Mental Handicap (ILSMH). Lena Saleh has been with UNESCO since 1979, and is a programme specialist in the division of basic education with responsiblities for the special education programme.

ABOUT THE EDITORS

KRISTEN D. JUUL was born and grew up in Norway. Since 1946, he has lived in the United States. His main area of expertise is behavior disorders, but he has also been interested in international special education. He has traveled extensively in other countries to study programs for children with special needs and is active in international organizations in this field. He has been retired since September, 1991.

ROBERT MICHAEL is a graduate of the University of Maine - Farmington, the University of Southern California, and Fordham University. He is the coordinator of the special education program at the State University College, New Paltz, New York. Dr. Michael is an active member of the Council for Exceptional Children and a charter member of the Division of International Special Education and Services (DISES). In addition to authoring numerous articles, he has been the editor of *Perceptions*, the journal of the New York State educators of children with emotional disturbances.

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